



Youth Performance Choir Thursdays 4:30- 5:30pm	
Childs Full Name:	
Date of Birth:	
Gender:	
Address (inc Postcode):	
Parent / Carers Full Name:	
Parent / Carers Phone Numbers:	
Parent / Carers Email Address:	
School attended:	
Emergency Contact Details:	
Medical Details / Support Needs: <i>(this is to ensure we provide the best experience possible for your child)</i>	
I DO / DO NOT give permission for my child to be photographed / videoed and for photos / videos to be used for marketing purposes. (children will not be identified by name in media). <i>Please delete as appropriate</i>	
Signed:	
Write name:	
Dated:	

Please return completed form to [**hsl.music@icloud.com**](mailto:hsl.music@icloud.com)

For Terms & Conditions or further information, please visit: [**hslmusic.co.uk**](http://hslmusic.co.uk)

If you have any queries, please email Heidi at HSL Music at [**hsl.music@icloud.com**](mailto:hsl.music@icloud.com)