



Audio Camp Registration Form

For young people aged between 14-19 years old

PLEASE SIGN AND RETURN TO: Jack Finch-Harding, Youth Programme Manager or Paul Richards, Project Manager, 34 High Street, Sittingbourne, Kent, ME10 4PB. Alternatively, please bring with you when attending Audio Camps.

DATES AND TIMES: Monday 22 to Thursday 25th October. Please see <http://ideastest.org.uk/> for further details.

VENUES: Ideas Test, 34 High Street, Sittingbourne, Kent, ME10 4PB.
 New House, 101 Chalkwell Road, Sittingbourne, Kent, ME10 2LP
 Big Jam Studios, Unit A5 Smeed Dean Centre, Castle Road, Sittingbourne, Kent, ME10 3EW

1. ABOUT YOU

First name.....
 Surname.....
 Address.....

 Post Code.....
 Parent/Carers name(s).....
 Home Tel..... Emergency contact.....
 Mobile.....
 Email.....
 Date of Birth.....
 Current School/college/ training provider (if applicable), including town

Please tell us about any additional needs or learning difficulties you may have?

How did you hear about Audio Camps?

2. YOUR MUSIC STYLE

Do you play an instrument(s)/sing-all vocal styles/use music technology.....
 If yes, which one(s).....

Would you like to learn an instrument/sing-a vocal style/use music technology?.....
 If yes, which
 one(s).....

IMPORTANT We have a good range of instruments on site or you can bring your own.

Do you have an interest in (please tick all that apply)?

Music technology	Instrument/vocal tuition	Production
Production	Rehearsal/practice space	Live Sound & events
Performance	Songwriting & composition	New musical experiences

Something else, please state.....

What types of music do you like to listen to?

3. MEDICAL DECLARATION

Should the necessity arise, I agree(s) to the person in charge giving consent on my behalf for an anaesthetic to be administered and for any other urgent medical treatment to be given to the applicant/me.). I have completed the medical section of this form and accept that it is my responsibility to inform Ideas Test of any change to the medical information.

Parent's/Carer's /Student's (if 18 or over)* name (BLOCK CAPITALS).....

Parent's/Carer's/Student's (if 18 or over)* Signature.....

Date..... Contact Phone Number if different from above.....

Please give details below if the applicant suffers from any medical condition, including allergies:

and If you are required to carry medication please give details below:

4. RECORDING/ PHOTOGRAPHY

PLEASE CROSS OUT THIS SECTION IF YOU DO NOT GIVE PERMISSION

Ideas Test and Kent Music occasionally take still photos and / or video recordings of the pupils in rehearsals or concerts for archive purposes, teacher training and inclusion in our brochures and publicity material. I give permission for photos/videos of my child to be used by Ideas Test and Kent Music for these purposes.

5. OFF-SITE PERMISSION (for under 18's)

I understand this is an open access music provision and I must inform the coordinator if my son/daughter should not leave the premises.

I do / do not give permission for my son/daughter to leave the premises.

Ideas Test and Kent Music cannot accept responsibility for the care of pupils who leave the premises.

Signed Parent/Carer
 Date.....

Your information will only be used by Idea Test and/or Project Partners. It will not be shared with any other party. Please note that your data will need to be filed and stored in case of medical emergency. We are committed to storing your personal data securely and responsibly, using passwords and locked accessibility. You have the right to see the information we hold about you at any time. This should be done in writing and can be emailed to contact@ideatest.co.uk or posted to Ideas Test, 34 High Street, Sittingbourne, ME10 4PB. You have the right to complain if you feel that we have not protected your information properly. Complaints should be made in writing as above.