

Please attach a passport-sized photograph of your child to this registration form and clearly **print** his/her name on the reverse.



## REGISTRATION FORM to be completed by parent/guardian

### PUPIL'S DETAILS

FIRST NAME	
LAST NAME	
DATE OF BIRTH DD/MM/YYYY	MALE / FEMALE
ADDRESS	
TEL NO.	MOBILE NO.
EMAIL*	

\*please provide a current email address so that we can send you our Côr Casnewydd Newsletters and any relevant consent material for the choir. Please note all information will be distributed by email.

### PREVIOUS PERFORMANCE EXPERIENCE/TRAINING

Please note that no previous experience is necessary to join Côr Casnewydd

Please list any previous performance experience / training that is relevant	
Please list any previous qualifications gained in the music such as vocal / instrumental exams taken	

## MEDICAL DETAILS

ANY KNOWN ALLERGIES/MEDICAL CONDITIONS (Asthma, Diabetes, Medicine or Food allergy)
ANY DISABILITY OR LEARNING DIFFICULTY (Dyslexia, ADHD)

## EMERGENCY CONTACT DETAILS

IN CASE OF EMERGENCY PLEASE CONTACT	
DAYTIME TEL NO. EVENING TEL NO.	

## PHOTO CONSENT

Occasionally, classes and performances at Côr Casnewydd may be photographed for advertising/publicity purposes or for charity/fundraising events. This may include photographs for Newspapers or Websites or footage on Television or Video. Please indicate below if you DO NOT give your consent for your child's image to be used in this way, otherwise leave blank.

--

## DECLARATION

TO BE COMPLETED BY PARENT OR GUARDIAN	
I confirm that the information given above is true and I consider the child named is fit to participate in all activities at Côr Casnewydd. I agree to him/her receiving emergency medical treatment as considered necessary by the medical authorities present. I attach a passport photograph of my child with his/her name clearly printed on the back. I undertake to inform the staff of the choir of any change to the above information as soon as it occurs. I also understand that the completion of this form constitutes a written contract between myself and Côr Casnewydd and that I must give a <b>whole month's notice in writing</b> or 4 week's fees in lieu if I wish to discontinue my child's membership of the choir.	
CHILD'S NAME	
SIGNED	DATE

# EQUAL OPPORTUNITIES MONITORING FORM

Côr Casnewydd and Newport City Council are committed to equal opportunities in all that they do. Please assist us in this process by completing the form below in full; if you need assistance with this, please let us know. The information collected is strictly confidential.

Are you?

Male

Female

Do you consider yourself to be disabled as defined by the Disability Discrimination Act 1995 (DDA)?

Yes

No

The definition of a disability under the DDA is “a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.”

Which age group do you fit into?

8-10

11-15

16-18

## ETHNIC ORIGIN

Please tick the category which you feel best describes your ethnic origin:		
Black British <input type="checkbox"/>	Indian <input type="checkbox"/>	Irish <input type="checkbox"/>
Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White European/Other <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese/Other Asian <input type="checkbox"/>
Black Other <input type="checkbox"/>	White British <input type="checkbox"/>	Mixed Racial Origin <input type="checkbox"/>
Asian British <input type="checkbox"/>	White Welsh <input type="checkbox"/>	Other <input type="checkbox"/>

If you would prefer to describe your ethnic origin in any other way, please do so:

.....

Thank you