



PLEASE PRINT IN BLUE OR BLACK INK

Title..... First name..... Surname.....

Full home address (including house number)

.....

..... Post Code

Email address:

Home telephone:.....

Mobile telephone:.....

Emergency contact:

Name: Telephone:.....

Parent / Guardian contact (required for all members under 18 years old):

Name: Telephone:.....

Date of Birth (required for all members under 18 years old):

Medical issues / additional needs (required for all members under 18 years old):

.....

Instrument(s) played with City of Bath Brass Band (CoBBB):

MEMBER: PLEASE SIGN AND DATE THIS FORM TO GIVE CoBBB PERMISSION TO HOLD AND USE YOUR PERSONAL DETAILS IN ACCORDANCE WITH THE CoBBB GDPR POLICY

I agree that CoBBB may store and use my personal data as defined in the CoBBB GDPR policy (**all members**)

Signature

Date

I agree that CoBBB may have my photo taken for band documentation and publicity purposes e.g. website, poster, social media (**members over 18 years old only**).

Signature

Date

COBBB may include some of my contact details, as defined in Section 5B of the COBBB GDPR policy, on a list to be distributed to other members: I agree I do not agree (**members over 18 years old only**).

Signature

Date

PARENT / GUARDIAN (REQUIRED FOR ALL MEMBERS UNDER 18 YEARS OLD): PLEASE SIGN AND DATE THIS PART OF THE FORM.

I agree that the aforementioned member under 18 years is fit to play in engagements, concerts and participate in events organised by the Band. I will let the Band Conductor / Secretary know if my child becomes unfit to play.

Name of Parent / Guardian

Signature

Date

I agree that the aforementioned member under 18 years may have their photo taken for band documentation and publicity purposes e.g. website, poster, social media

Name of Parent / Guardian

Signature

Date