

PARENTAL CONSENT FORM

In order for a person under 18 years of age to take part in any Music Generation South Dublin course or activity, this form **must** be completed and returned to us. Will need the information for our records and it will be kept in a secure a place in our offices. The form will be collected locally by the liaison person for the activity on behalf of Music Generation South Dublin

Please Print & complete: (these details will remain confidential for our files only)

Venue Location: **RATHCOOLE MUSIC HUB (STARTING 7TH OCTOBER FROM 3-7PM)**
COLLINSTOWN MUSIC HUB (STARTING 8TH OCTOBER FROM 3-7PM)

Name of Participant: _____

Date of Birth: _____

Instrument: Piano Violin Singing Guitar Cello (*Collinstown Only*)
 Youth Orchestra (*Collinstown Only*) Trad Group (*Rathcoole Only*)

Program (10 week terms): Group/Ensemble (€50) Duo (€80) Individual (€150)

Musical Ability / Grade: Beginner Intermediate Advanced _____

Instrument Rental Scheme: Tick if Interested (*Various Instruments - Deposit of €20 applies*)

Contact Address: _____

Name of Parent/Guardian _____

Telephone Number(s): _____

Email Address (please print) _____

Emergency contact name & number _____

Please state if your child has any medical conditions/disability that MGSD need to be aware of?

Photos and Video may be taken and used by Music Generation South Dublin for promotional use

Please tick if you: Consent to this Do not consent

I CONSENT TO MY CHILD PARTICIPATING IN THE INDICATED MUSIC GENERATION SOUTH DUBLIN ACTIVITY

Signed: _____ Date _____

Please fill out & return application form to:

Music Generation South Dublin, c/o South Dublin Libraries, Unit 1, The Square Industrial Complex, Tallaght, Dublin 24. Alternatively you can send via email to info@musicgenerationsouthdublin.ie.

FOR OFFICE USE ONLY	
Deposit Paid (Y/N)	
Receipt Issued (Y/N)	
Receipt Number	
Form Number	
Balance Outstanding	
Time Allocated (Y/N)	
Time	
Signed	
Date	