



Church Music Awards for Choristers
under the patronage of
the Bishops of Brentwood and Chelmsford

TRAINING SESSIONS

NOTES FOR PARENTS AND GUARDIANS

Please complete this form. You will need to return the form to the Course Organiser via your choir trainer or give it to the chorister to be handed to the Course Organiser on arrival. Please note that this form is now a legal requirement. Your child will only be enrolled on the course if this form has been handed in at the beginning of the course.

EVENT :

Full name of chorister (BLOCK LETTERS)

LAST NAME: **FIRST NAMES:**

HOME ADDRESS:.....

..... **TELEPHONE NO:**

Date of Birth: **Choir:**

If parents will be away from home during the course, please give the address and telephone number at which they can be contacted.

Does this chorister have any medical condition of which we should be aware to ensure proper attention should the need arise whilst this chorister is in our care? YES/NO

If YES, please give details here:

Name, address and telephone number of chorister's Doctor:

.....

Chorister's National Health No. (if known)

I wish this person to attend the Course, and agree that during the period of the Course they will be under the authority of the Course Director or his appointed deputy. I give authority to the Course Director, in the event that I am not available, to give legal consent for this person to undergo emergency treatment if this is considered necessary by a medical authority.

Name (BLOCK CAPITALS)..... Date.....

Signed: Relationship to Chorister:

For all Choristers under the age of 18, we ask that parents or guardians complete the following:

I understand that, while the staff will take all reasonable care of the Choristers, they cannot necessarily be held responsible for any loss, damage or injury suffered by the Chorister named above during, or out of, the Course. This Chorister will be under the appropriate supervision of Course Staff.

PLEASE NOTE that Choristers will not be allowed off the premises unless with their parents/nominated person, or under the supervision of an adult member of the course staff.

Name (BLOCK CAPITALS)..... Date.....

Signed: Relationship to Chorister: