

BAND MEMBER APPLICATION / INFORMATION FORM AND
AWAY TRIPS

BAND MEMBER

NAME: _____ **DOB:** _____

ADDRESS: _____

PARENT(S) / GUARDIAN(S)

NAME(S): _____

MOBILE NUMBER(S): _____

EMAIL(S): _____

RELATIONSHIP(S) TO MEMBER: _____

EMERGENCY CONTACT NUMBER: _____

FAMILY DOCTOR

NAME: _____ **PHONE NUMBER:** _____

MEDICAL INFORMATION/AUTHORISATION

Please complete details of any of the following that affect the band member. The authorisation must be signed even if there is no specific medical information.

Any Medical / Special needs information of which the Committee should be aware of:

Please list medication, which band member may have in their possession.

NAME OF MEDICATION

PURPOSE OF MEDICATION

ALLERGIES AND/OR SPECIAL DIETARY REQUIREMENTS

Any changes in the above information must be notified in writing to [BANNA CHLUAIN MEALA](#) band Secretary.

I authorise [BANNA CHLUAIN MEALA](#) committee to provide the above medical information in the event that intervention is required as a result of accident or injury that may require treatment. I authorise the committee to obtain medical intervention, if necessary, in the event of illness or accident.

PHOTOS/ VIDEO FOOTAGE

I am aware that photographs may be taken of band members during band activities and that photographs/videos may be required for administrative purposes.

For information on [BANNA CHLUAIN MEALA](#) Child Protection Policy, Code of Ethics and Band Rules , Data Protection, please see our website [BCMOUTHAND.COM](#)

I HAVE READ, UNDERSTAND AND AGREE TO THE CONTENT OF THIS DOCUMENT

1ST PARENT / GUARDIAN

SIGNED: _____ **DATE:** _____

2ND PARENT / GUARDIAN

SIGNED: _____ **DATE:** _____

DATA PROTECTION PARENTAL CONSENT FORM

DECLARATION OF CONSENT

I, _____ (Parent/Guardian name) confirm that
_____ (Band member's name) is below the age of 18 years old
and I am hereby consenting on their behalf that **BANNA CHLUAIN MEALA** can process personal
data relating to _____ (Band member's name)

I confirm that I have read **BANNA CHLUAIN MEALA** Data Protection Policy

PHOTOGRAPHS/VIDEO

I give permission for my child to be photographed and/or videoed inside **BANNA CHLUAIN MEALA's** Hall

I give permission for my child to be photographed and/or videoed outside the facility
with respect to marching, competitions, concerts, etc.

*Photographs and videos are sometimes used on **BANNA CHLUAIN MEALA's** website and social
media pages*

CHILD PROTECTION DOCUMENT/ ETHICS

We confirm we have read and understand Child Protection Document found at
BCMYOUTHBAND.COM

BAND RULES

Band member and Parent/Guardian have read and understand **BANNA CHLUAIN MEALA**
band rules found at **BCMYOUTHBAND.COM**

I HAVE READ, UNDERSTAND AND AGREE TO THE CONTENT OF THIS DOCUMENT.

BAND MEMBER

SIGNED: _____ **DATE:** _____

PARENT/LEGAL GUARDIAN

SIGNED: _____ **DATE:** _____