



# Ayrshire Fiddle Orchestra

## Annual Consent Form 2023 / 2024



### To be completed by the Parent/Guardian

Full Name of Player \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_

Player email (optional – for mailing list) \_\_\_\_\_

I give permission for \_\_\_\_\_ (Player's name) to attend and take part in the concerts and activities organised by Ayrshire Fiddle Orchestra (AFO). I understand that in the event of illness or accident, every effort will be made to contact me, but if this is not possible, I authorise any of the AFO leaders to authorise, on my behalf, essential medical treatment for my son/daughter.

### MEDICAL DETAILS

Name and Address of Player's doctor \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_

Details of any **medicine / diet / treatment** which is being taken/followed (including any medication needed whilst with the orchestra)? \_\_\_\_\_

\_\_\_\_\_

Details of any known **allergies / sensitivities** (eg penicillin) \_\_\_\_\_

\_\_\_\_\_

The Player **has/has not** (delete as appropriate) been immunised against tetanus in the last **10** years

### ADDRESS(ES) OF PARENT / GUARDIAN

Name (s) \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Telephone (mobile) \_\_\_\_\_

Occupation (optional) \_\_\_\_\_

Email address(es) of parent(s) **PLEASE PRINT CLEARLY**

\_\_\_\_\_

\_\_\_\_\_

Alternative Contact (name) \_\_\_\_\_ Tel \_\_\_\_\_

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## PHOTOGRAPHS

I have no objection to \_\_\_\_\_(Player's name) being photographed and filmed in activities and concerts in which AFO is taking part. I understand that these may be used for publicity purposes and on social media (eg local press, AFO website, YouTube, Facebook, Twitter, etc)

## DATA PROTECTION

We endeavour at all times to comply with Data Protection law and will safeguard any personal data held in terms of the GDPR 2018. Information is used by AFO in a responsible manner and will not be shared with any third parties except as demanded by law or with your express permission. We shall only retain your data for as long as necessary.

I agree to my son/daughter taking part in AFO's activities. I acknowledge the undernoted Players' Guidelines and Rules and a copy of the AFO Privacy Notice. I undertake to provide updated information in respect of any of the above details when applicable.

## SIGNATURE OF PARENT or GUARDIAN

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PLAYERS' GUIDELINES and RULES

Players :

- are expected to make every effort to attend all rehearsals, concerts and other events and activities organised by AFO. A minimum attendance of 80% is expected at rehearsals throughout the year;
- must give as much notice as possible to **KATHLEEN**, secretary@fiddleorchestra.com if they are unable to attend any performance they have been asked to play at - a failure to notify in advance or **failure to attend without prior notice is unacceptable**;
- are expected to be responsible for their own belongings, be organised and have the appropriate dress and equipment required for each event they are participating in;
- are asked to behave and appear in a manner fit for a first class artistic organisation which is judged by the very highest of standards and to act as an ambassador for AFO;
- acknowledge that AFO has a zero-tolerance towards bullying.
- will do everything they can personally, as a member of the AFO family, to create and preserve a physically, inclusive and emotionally safe environment and will strive to treat everyone with equality, respect, courtesy and consideration.
- are asked to promote AFO's ethos and support activities and fundraising events whenever possible.

**I have read the Orchestra's Guidelines and Rules and I understand and agree to abide by them.**

## SIGNATURE OF PLAYER

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this form as soon as possible by email to **Julie Carrie**:- [admin@fiddleorchestra.com](mailto:admin@fiddleorchestra.com)