



RESIDENTIAL WEEKEND 2014 - SIR ARTHUR GRANTS RESIDENTIAL  
CENTRE, MONYMUSK  
14th and 15th June 2014

<b>NAME OF PARTICIPANT</b>		
<b>DATE OF BIRTH</b>		
<b>SCHOOL/COLLEGE + Year Group (eg P6, S1, 1st Year)</b>		
<b>ADDRESS</b>		
<b>POSTCODE</b>		
<b>INSTRUMENT/S or VOICE</b>		
<b>HOME TELEPHONE</b>		
<b>PARENT'S WORK TEL</b>		
<b>PARENT'S MOBILE</b>		
<b>EMAIL ADDRESS</b>		
<b>EMERGENCY CONTACT 1</b>		
<b>ADDRESS</b>		
<b>HOME TELEPHONE</b>		
<b>MOBILE TELEPHONE</b>		
<b>Relationship to Young Person - uncle, aunt etc</b>		

<b>EMERGENCY CONTACT 2</b> NAME, RELATIONSHIP TO CHILD, ADDRESS, PHONE NUMBER...	
<b>ANY MEDICAL ISSUES</b>	<b>Please list along with any medication being taken and whether self administered or to be administered by staff.</b>
<b>ALLERGIES</b>	
<b>PARENTAL CONSENT</b>	<b>Please read, complete and SIGN all consents below.</b>
<p><b>I do/do not (please circle) give permission for staff to provide emergency aid to my child should the need arise.</b></p> <p><b>I do/do not (please circle) give consent for photographs to be taken whilst my child attends a workshop and for these to be used to for publicity purposes by Gadie Music for current or future events.</b></p> <p><b>I confirm that my child will bring a packed lunch and a supply of snacks with them to the workshops.</b></p> <p><b>I confirm that Gadie Music accepts no liability for valuables left on the premises whilst the above named child is attending a workshop.</b></p> <p><b>I confirm that I will collect my child within 15 minutes of the end of the session.</b></p>	
<b>SIGNED</b>	
<b>NAME OF PARENT/CARER</b>	Block capitals:
<b>DATE</b>	

Please send completed forms to Sharon Hassan, Gadie Music, 20 Whitehall Place, Insch, AB52 6HD