



**Brass Bands  
England**

Promoting and supporting  
English brass bands



**BandSafe**



**BandSafe 2 Membership Information**

**Band Membership Application Form**

**Section 1: Personal Details**

**Full Name:** \_\_\_\_\_

**Date of Birth:**    /    /         **Instruments Played:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Are you currently a registered member of another band:** \_\_\_\_\_

**If Yes, please provide the band name:** \_\_\_\_\_

**Section 2: Equipment Provided**

**Instrument Details:**

**Instrument:**                      **Make:**                      **Serial Number:**

**Mutes:**                      **Lyre:**

**Uniform Details:**

**Stage Jacket:**              **Bow Tie:**              **Walking Out Jacket:**              **Soft Shell Jacket:**              **Tie:**

I confirm that I have the above equipment and uniform in my possession and will notify the relevant Band officer regarding any damage, losses or repairs needed.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_





### **Section 3: Photography**

I hereby give consent for the Band to take and use photos of myself / my child for marketing and promotion purposes, including publishing on the band website.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

### **Section 4: Emergency Contact Details and Medical Information**

#### **Emergency Contacts:**

Please provide two people who we can contact in the case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_

Contact Number 2: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_

Contact Number 2: \_\_\_\_\_

#### **Medical Information:**

Please give details of any medical conditions/ health matters/ allergies that might affect you / your child whilst taking part in activities, including any medications (**if there is no information, please write "None"**):

\_\_\_\_\_

It may be essential at some time for authorised persons acting on behalf of the band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident. Please sign below if you give your consent to emergency treatment being given to the named member on this form by trained personnel.

**For members under 16 years of age a parent/legal guardian must sign here.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please also remember to **notify the Band Secretary** if there is any change in any medical condition.

**This information will be stored securely and only used by band personnel in order to make contact with you for band related business.**