

Please give details of any medical condition(s) that require regular attention or special precautions:

Please give details of any additional needs your child may have and what support you would like us to put in place to ensure a good experience for your child:

4. Consent:

I understand the nature of the activities and consider my child(ren) fit to take part.

I give consent for my child(ren) to have their photograph/video taken by Kilbarchan Pipe Band for publicity purposes.

I give permission for medical treatment for my child(ren) in the event of an emergency.

Signature: _____ Print: _____

Date: _____

Please return your form by Wednesday 24th July 2019 to:
Melissa Jeffrey, 145 Spateston Road, Johnstone, PA5 0SZ /
kilbarchansummerschool@gmail.com / 07815455286

Any information given will be treated in the strictest confidence, in alignment with our privacy policy, which can be found on our website (kilbarchanpipeband.org).



Kilbarchan Pipe Band
Charity no. SC 045878

Kilbarchan Pipe Band
Summer School SC045878

29th July - 2nd August
Kilbarchan Scout Hall
10am - 3pm

Information & bookings:
Kilbarchansummerschool@gmail.com
07815 455 286

Cost: £50
£45 for 1st sibling £35 (each) for any other siblings

End of week concert!

**Instruments: Chanter & Pipes,
Snare, Bass and Tenor Drum.**

We hope you can join us!

1. Contact Information:

Name of Parent/Guardian (*Participant if over 16*):

Address:

Phone Number: _____

Email Address: _____

2. Workshop Choices:

- Chanter & Pipes
- Snare Drum
- Bass Drum
- Tenor Drum

Please note: To ensure we place participants in ability appropriate classes please indicate their level of experience.

1 = beginner*: has never done this before and would like to learn the basics.

2 = improver: has played a little before and would like to improve on the basics.

3 = intermediate: can play three or more tunes at a steady pace.

4 = advanced: can play a range of tune types (*march, strathspey, reel, jig, etc.*) at steady pace.

**Please note that beginners should choose two instruments for the week.*

Participant Name(s)	D.O.B	Choice 1	Level	Choice 2	Level
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you have your own instrument? _____

3. Emergency Information:

Name and telephone number for emergency contact (during week):

Main Contact:

Second Contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

Doctor/Surgery Name: _____

Telephone Number: _____

Address: _____