



Registration Form

* REQUIRED INFORMATION

Personal Information

| | |
|------------------------|----------------|
| Name* | |
| Address* | |
| Postcode* | |
| Mobile/Home Telephone* | Date of Birth* |
| Email 1* | |

Emergency Contact Information

| | |
|---|-----------------------|
| Name* | Contact Phone Number* |
| Do you have any medical conditions, disabilities or other needs we should be aware of?* | |
| <i>If you need to discuss this please contact the Director team</i> | |

Your voice - please indicate section and part

| | | | | | | | | |
|---------------------|---|---|-----------------|---|---|------------------|---|---|
| Soprano (Higher) | 1 | 2 | Mezzo (High) | 1 | 2 | Alto (Middle) | 1 | 2 |
| Tenor (Low) | | | Bass (Lower) | | | Not sure | | |

| | |
|--|--|
| How did you hear about Barnsley Singers? (Newspaper, Facebook, Twitter, Word of Mouth etc.) | |
|--|--|

Please tick this box if we can contact you via email about choir related events and news.
You can opt out of receiving these emails at any time by unsubscribing.

Please tick this box if you consent to us using photographs and other media for publicity and marketing of the choir.

We take your privacy very seriously.

We will treat your personal data with respect, keep it safe and never sell it.

More information can be found in our privacy policy on our website.

By signing this form you consent to us storing your details securely.

These details will remain confidential and will not be passed onto any third parties.

By signing this form you agree to follow our code of conduct.

Signed _____

Date _____

Registered address:
27 Wingfield Road
Athersley South
Barnsley
South Yorkshire, S71 3PR
www.barnleysingers.org.uk
Registered Charity no: TBC

First Aid & Medical Consent Form



Member's name: _____ Member's date of birth _____

Please complete Section A, and if relevant please also complete Section B. In all cases, please ensure you also sign and date this form at the bottom.

A: Specified Purposes for members engaged in BS activities:

Trained BS staff (*who have completed a recognised First Aid or Emergency First Aid at work course and hold an up-to-date and valid certificate for that training*) may provide immediate and appropriate first aid to any member participating in choir activities, and seek emergency treatment where necessary. This may include calling 999 or 111 for advice and allowing members to be transported to hospital by ambulance. All first aid will be given in the member's best interest and intervention will only be made with the member's consent, unless they are unable to provide consent or unless intervention is required under duty of care.

I understand the purposes specified above and confirm that (please tick the boxes):

- (a) I am the member named above
- (b) I grant permission to Barnsley Singers to provide first aid to me as described in the above specified purposes

B: Specified Purposes for members engaged in BS activities, who have specific medical conditions:

Members attending BS rehearsals and events who have specific medical conditions (such as asthma, allergies, epilepsy) may require specific medical treatment. The member with a specific medical condition must complete an individual Medical Care Plan, providing a copy of this to BS, and ensure they bring the required medication / treatment to every rehearsal and event. Trained BS Staff (*who have completed a recognised First Aid or Emergency First Aid at Work course and hold an up-to-date and valid certification for that training*) may provide immediate and appropriate treatment in line with that Care Plan, seeking emergency treatment where necessary. This may include calling 999 or 111 for advice and allowing members to be transported to hospital by ambulance. All treatment will be given in the member's best interest and intervention will only be offered with members consent, unless they are unable to provide consent or unless intervention is required under duty of care.

I understand the purposes specified above and confirm that (please tick the boxes):

- (a) I am the member named above
- (b) I grant permission to Barnsley Singers to administer treatment according to the Care Plan I have provided (*or to support me in administering my own treatment, as specified in the Care Plan*) using the medication / treatment I bring with me
- (c) I will take responsibility for ensuring BS are aware of any changes to the Care Plan and will provide an updated Care Plan as soon as it needs to be in place

Signed _____ Date _____