

**Year 2003 Member Details / Parents Consent Form**  
 (To Be Completed yearly – One Form Per Member)

Member Information	
Name: .....	Date Of Birth: ...../...../.....
Religion: .....	School/ College/ Occupation: .....
Section Applied ( <input checked="" type="checkbox"/> as applicable):	
Brass ..	<input type="checkbox"/> Soprano <input type="checkbox"/> Baritone <input type="checkbox"/> Mellophone <input type="checkbox"/> Contra Bass
Drums ..	<input type="checkbox"/> Snare <input type="checkbox"/> Tenor <input type="checkbox"/> Bass
Guard .....	Pit .....    New starter .....
Medication: (e.g. regular medicines taken, known allergies to medicines or general medical conditions): .....	
.....	
.....	

Contact Information
Parents/Guardian Name(s) (If member under 16 years of age) .....
Address: .....
.....
Post Code:.....
Home Telephone Number:...(.....).....
Mobile Number :.....
e-mail address :.....

I wish (my son /daughter) to be a member of Southern Aurora Drum & Bugle Corps. I give my full consent for the above mentioned to participate in any activity, providing sufficient information and adequate notice prior to the event/ activity is given.

I understand that while the instructors and Helpers in charge will take reasonable care of the members in their charge, they cannot be held responsible for any loss, damage, or injury suffered by a member in travelling to and from, or taking part in any activity/ events.

I consent to any emergency medical treatment required in the course of an activity.

Should any of the above information change during the year, I will inform the Corps director to the effect in order that the accuracy of the retained records are maintained and individual staff members are kept informed of any special needs/ requirements.

Signed.....Parent/ Guardian                      Date ...../...../.....  
 (NB! Can be signed by member if aged 16 years or over)