Office use only

Session 2014 / 2015 Orchestra : String Wind Concert Symphony

Bearsden and Milngavie Youth Orchestra

Name of child: D.O.B.

Name of Parent/Guardian:

Address:

Home Tel No: Mobile No:

Parent's/Guardian's email:

Child's Mobile (if 16 or over)

Child's email (if 16 or over)

Instrument: Present Grade/Years Playing

Starting date at BMYO/approx number of years:

Emergency contact (IMPORTANT – not parent or guardian)

Name: Tel No:

Mobile No:

Medical:

I undertake to inform the Orchestra Committee of any medical condition or allergy affecting my child which may impact on his/her participation in orchestra activities. This information will be held in confidence and will be accessible to the adult in charge and the child's conductor (if necessary).

Allergy: _____

Signed: Date

Photography/Publicity:

I give consent for my child to be photographed for publicity purposes in connection with BMYO, (e.g. Newspaper articles) and may be reproduced on the BMYO website in accordance with the BMYO child protection policy.

Signed: Date:

Video recordings are occasionally made of the orchestra's participation in concerts or other public appearances. These may be used for publicity purposes and appear on the BMYO website. They may also feature in promotional material for carefully selected affiliated organisations. I consent to my child's image being recorded for such purposes.

Signed: Date:

Gift Aid Declaration – for past, present & future donations

Name of charity or Community Amateur Sports Club:

Bearsden and Milngavie Youth Orchestra

Please treat as Gift Aid donations all qualifying gifts of money made

Today ☐ the past 4 years ☐ in the future ☐

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details

Title _____ First name or initial(s) _____

Surname _____

Full home address _____

_____

Postcode _____

Date _____ Signature _____

Name (s) of Child(ren): _____

Please notify the charity or CASC if you:

Want to cancel this declaration

Change your name or home address

No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.