



Mountains Youth Band

(A division of Blue Mountains Concert Band Inc)

MEMBER AGREEMENT

Members of Mountains Youth Band and their families should read this document thoroughly and are expected to abide by the agreement they and their families sign.

Blue Mountains Concert Band Inc. (the 'organisation') has a duty of care to all instrumentalists, and provides a safe and secure environment for development of musical skills. Behaviour that affects the safety of others, such as harassment, bullying, violence and illegal or anti-social behaviour of any kind will not be tolerated. Band members engaging in anti-social behaviour may forfeit membership of Mountains Youth Band.

I, (name of instrumentalist)..... agree to

1. attend all band rehearsals and performances (unless unable due to sickness or other reasonable commitment or obligation)
2. inform the band administrator as soon as possible of any absences
3. behave safely, considerately and responsibly at rehearsals, performances and events
4. comply with all instructions given by the Musical Director and band administrator (or delegate)
5. treat band members (youth and adult) and any other adults involved with dignity and respect
6. care for property belonging to myself, the band, the venue and others
7. ensure my music is kept in good order and is brought to band rehearsals and events
8. wear correct band uniform at all times when a uniform is required
9. inform the band administrator of any changes to contact details as soon as possible.

I understand that I may be excluded from participation in band events or activities if I do not follow the agreement listed above.

Signed (player).....

Date/...../.....

PARENT/CARER ACKNOWLEDGEMENT: I agree to my child's membership of Mountains Youth Band and agree that my child will comply with the terms of the agreement whilst participating in rehearsals and events organised by Mountains Youth Band. I have read and will comply with the organisation's **Member Protection Policy** which has been emailed to me or which I have accessed through the organisation's website.

I acknowledge that participation in Mountains Youth Band is a recreational activity and as such comes particular risks including but not limited to:

- risk of damage to equipment;
- risk of injury from a fall, while travelling to and from venues in a car or coach, going on and off stage, lifting musical instruments, or from falling over cables;
- potential damage to hearing;
- risk of injury where instruments are used inappropriately by my child or other children.

I acknowledge that any equipment that is left in the care of Blue Mountains Concert Band Inc. is left at my/our risk or that of the child and that Blue Mountains Concert Band Inc. is not responsible for any damage that occurs to the equipment while it is in their care.

I acknowledge that Blue Mountains Concert Band Inc. does not have insurance to compensate volunteers and that I should give consideration to obtaining forms of insurance that protect me or my child should either of us lose the ability to earn income or have to pay significant medical expenses.

I will inform the Administrator of Mountains Youth Band if my child has any serious medical condition, and any immediate action required if symptoms should occur while the child is at a band rehearsal or event.

Signed (parent/carer) Date/...../.....

Publicity agreement: I agree that images of my child may be taken during rehearsals and/or performances and may be displayed (without any identifying information) on the organisation's website and Facebook page, in publicity and video-recordings. I agree that my child's name may be listed as a member of Mountains Youth Band in concert and event programs.

Signed (parent/carer) Date/...../.....



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PO Box 29 Glenbrook NSW 2773

APPLICATION FOR MEMBERSHIP

Applicant's name			
Date of birth .../.../.....		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			
Home telephone			
Applicant's mobile			
Applicant's email			
Parent or guardian name(s)			
Parent or guardian mobile(s)			
Parent or guardian email(s)			
Emergency contact <i>(not parent or guardian above)</i>		Telephone number	
Applicant's school (or other institution)			
Current school year			
Main concert band instrument			
Number of years learning this instrument			
Formal qualifications		AMEB	Suzuki
			Trinity
Current instrument teacher		Telephone number	
Additional instruments			
Other instrumental experience (eg performances, bands)			
Applicant signature	Parent/guardian signature		Date .../.../.....