



# victorian youth pipes and drums

www.vypd.org

## Workshop and Concert, September 29 - October 2, 2009.

### Registration/ parental consent form

Please complete the details below and return this form (with payment) to the address below.

Student Name: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Parents E-mail: \_\_\_\_\_

\*Students Email: \_\_\_\_\_

\* Required (All further details and instructions will be sent to all participants via email.)

Age: \_\_\_\_\_ (all students must have the consent of a parent/ guardian)

#### Class information:

Instrument

pipes     snare     tenor     bass

Level

beginner     intermediate     advanced

Pipe band or school affiliation: \_\_\_\_\_

Other instrument/s played: \_\_\_\_\_

Can you offer billeting?     Yes     No

Do you require billeting?     Yes     No

#### Payment

When mailing this registration, please enclose a cheque or money order made payable to:

**"Scotch College"**

in the amount of **\$85\***.

\*This fee includes one adult ticket (\$15) for the Saturday night concert.

#### Send this registration form with payment to:

Mark Saul  
Scotch College  
1 Morrison Street  
Hawthorn  
Victoria, 3122.

#### Parent/guardian consent

I \_\_\_\_\_ as the parent/guardian of \_\_\_\_\_ have read the details and information regarding the VYPD Workshop and Concert and give permission for him/her to attend.

I give permission to the VYPD to obtain appropriate medical/emergency attention for my son/daughter if no parent or guardian can be contacted at the time. I acknowledge and accept that circumstances may occur where it is necessary for the VYPD to arrange immediate medical treatment in an emergency situation, even involving hospitalisation, surgery and the administering of anaesthetics. I authorise the VYPD to act in such circumstances with the interests and welfare of my son/daughter in mind.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_