**OVERDUE**

**MEMBERSHIP/MUSIC FEE 2015/2016 Season** Dear Parent/Guardian,

A membership fee of £35.00, which includes Rising Stars membership, annual Insurance and music fee from **August 2015 - July 2016** is required. Please ensure you pay this promptly or your child will not be insured to take part in the programme. PLEASE MAKE CHEQUES payable to Rising Stars.

We also require you fill in the photo consent form below as Official Photographers or press will be present at events we attend and may want to use these images for publicity. Without permission, your child will not be able to take part in any public performances.

Email addresses are required so we can set up your payment on our online system. Please ensure we have your correct email address. \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Cut Here \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Please find enclose £35.00 for annual membership to Rising Stars from:

Name………………………………………………………………………………………...Group…………………………………………………………………… Address………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….Postcode ……………………………….…………………….. Telephone No ………………………………………………………………….. Parent Mob………………………………………………….. Athlete Mob ……………………………………………………………………..

Emergency Contact……………………………………………………………Name/Relationship………………………………………………………. D.O.B…………………………………………

Parents Email (own if 18+)……………………………………………………………………………………………………………………………………….

Doctors Name Tel No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### DOES YOUR CHILD SUFFER FROM ASTHMA? \* Y/N

##### OR HAVE ANY OTHER CONDITION? \* Y/N

###### IF YES, GIVE DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### IS YOUR CHILD ON ANY MEDICATION? \*Y/N

IF YES, GIVE DETAILS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I GIVE PERMISSION FOR THE ABOVE NAMED TO ATTEND THE RISING STARS PROGRAMME AND TO RECEIVE EMERGENCY MEDICAL ATTENTION FROM PARAMEDICS IF REQUIRED. I CAN CONFIRM THAT ALL INFORMATION SUPPLIED ABOVE IS CORRECT.

I give permission for …………………………………………………………………………… to have their photograph taken when performing as part of the Rising Stars.

Signed………………………………………………………………………………….parent/guardian Date…………………………………………