



2018 Student Violin Masterclass
9:30– 11:30am Sunday 17 June

Application & Consent Form

Name Date of Birth/...../.....

Home address Postcode

Phone Mobile Email

School School Year Level

Level achieved (min. AMEB Grade 5 or equiv.)

Title of Bach work to be presented at the masterclass

Teacher's comments

Teacher's name Phone Teacher's signature

I understand that:

- a successful applicant will pay a fee of \$40 to attend the masterclass
- personal items, including musical instruments, are not the responsibility of Peninsula Music Society
- masterclass activities may be recorded, filmed or photographed and placed on social media.

Applicant's signature Date

Parent consent (if applicant is under 18)

I have read the information about the Melbourne Chamber Orchestra Violin masterclass and I agree to my daughter/son taking part in the activities should this application be accepted.

I authorise the person in charge of the activity to consent, where it is impracticable to communicate with me, to my daughter/son receiving such medical or surgical treatment as may be deemed necessary at my cost.

I have listed any health condition which requires the attention of the organiser in the space provided below.
(Please be specific about things the supervisor should be aware of in terms of your daughter/son's health. Examples include ongoing asthma, current medication, recent illness, allergies etc.)

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Parent/Guardian's signature Phone

