

## Chichester Cello Weekend 2019 Registration

Name:

Age (if under 18)

Email

Approximate playing level

Any dietary restrictions (for snacks)

Emergency contact details:

Name:

Phone number:

Would you like to apply to play in the masterclass?      Yes / No

Piece to be performed:

(accompanist is provided)

University consent form:

I, \_\_\_\_\_, (print name) [being the person responsible if the participant is a child/minor] hereby give my consent [for \_\_\_\_\_ ] to participate in the Chichester Cello Weekend April 6-7, 2019.

By signing this form, I confirm that:

The purpose of the activity has been explained to me;

I am satisfied that I understand the procedures involved;

The possible benefits and risks of the activity have been explained and any questions which I have asked about the activity have been answered to my satisfaction;

I understand that during the course of the activity, I have the right to ask further questions about it;

I have provided full responses to the questions asked of me in relation to the activity and I am not aware of any other information which may affect my ability to take part in the activity;

I understand that my personal information will be kept confidential and will not be released to any third parties other than in accordance with common law and relevant statutory principles;

I understand that my participation in the activity is voluntary and I am therefore at liberty to withdraw my involvement at any stage;

I give consent for photographs to be taken and used by Laura Ritchie and the University of Chichester online and in their promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and signature of responsible adult (if applicable)

\_\_\_\_\_  
Please return this form and registration fee (cheque payable to 'University of Chichester' or bank transfer -details available upon request) to Laura Ritchie, University of Chichester, College Lane, Chichester, West Sussex PO19 6PE