

c/o Fish & Bell Management, P.O Box 175, Bury St Edmunds, Suffolk. IP31 3TZ.

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COURSE MEMBERSHIP FORM FOR 2010 VENUE: FRAMLINGHAM COLLEGE, SUFFOLK

SUNDAY 1st AUGUST – SATURDAY 7th AUGUST 2010 INCLUSIVE.

THIS INFORMATION WILL BE HELD IN CONFIDENCE.

SURNAME:		NATIONAL HEALTH NUMBER:	
FIRST NAMES:		OWN/FAMILY DOCTOR – SURNAME:	
D. O. B:	AGE (on 1st August):	FIRST NAMES:	
ADDRESS:		ADDRESS:	
	POST CODE:		
TEL - DAY:	EVE:	POST CODE:	
SCHOOL:		TEL - DAY:	EVE:
EMAIL:			

EMERGENCY CONTACT

HOSPITAL CONSULTANT IF APPLICABLE

SURNAME:		SURNAME:	
FIRST NAMES:		FIRST NAMES:	
RELATIONSHIP:		HOSPITAL	
ADDRESS:		REG. NO.	TEL:
POST CODE:			
TEL - HM:	WK:		

EMERGENCY PERMISSION

In the event of an emergency I consent to (name) _____

receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
Signed, Parent/guardian (if under 16). Date: _____

Signed, member (if over 16). Date: _____

MEDICAL HISTORY

Does he/she suffer from any serious illness or disability? (e.g. asthma, epilepsy etc.) YES/NO. If YES, please give details.

Does he/she have any allergies i.e. to food, medicines etc.? YES/NO. If YES please give details.

Is he/she receiving any medical treatment at present? YES/NO. If YES please give details. Please give details of pill, medicines etc.

Does he/she have any dietary requirements e.g. medical, religious, vegetarian, vegan? YES/NO. If YES please give details.

FOR MEMBERS UNDER THE AGE OF 16

Medication required should be given to a director in charge, or the first aider, clearly marked with his or her name and full instructions for use, except for inhalers, which may be retained by him/herself. (Spare inhalers should be given to the first aider).

PLEASE INDICATE WHICH MAIN ELEMENT OF THE COURSE YOU WISH TO TAKE PART IN:

BAND / INSTRUMENTAL	<input type="checkbox"/>	PLEASE TICK!
MUSICAL THEATRE	<input type="checkbox"/>	
ACTING	<input type="checkbox"/>	
DANCE	<input type="checkbox"/>	
TECHNICAL / AUDIO VISUAL	<input type="checkbox"/>	

(IF MORE THAN ONE PLEASE NUMBER IN ORDER OF PREFERENCE!)

BAND MEMBERS / VOCALISTS / DANCERS

PLEASE STATE YOUR INSTRUMENT / VOCAL RANGE / DANCE STYLE & STANDARD

INSTRUMENT / VOICE / DANCE STYLE	STANDARD – GRADE IF TAKEN

ALL STUDENTS PLEASE FEEL FREE TO ATTACH AN ADDITIONAL RESUME OF PREVIOUS EXPERIENCE AND INTERESTS

There will, during the course of the week, be the opportunity to take part in swimming activities. Please indicate whether you are happy for your child to take part, also saying if they can swim (with or without a buoyancy aid). There will be a qualified lifeguard supplied by Framlingham College present during all swimming activities. I do / do not wish for (name)

to take part in any swimming activities during the course of the week. Signed.
Their swimming ability is:

A STANDARD FIRST AID KIT WILL BE CARRIED AND A QUALIFIED FIRST AIDER PRESENT ON THE COURSE.

VALUABLES / INSTRUMENTS

The course and its tutors accept no responsibility for loss or damage to personal belongings and/or instruments during the course of the week, however caused. We advise that all instruments/valuables are properly insured before joining the course. This can normally be done through your current HOUSE AND BUILDING POLICY. However if you experience difficulties we highly recommend contacting: "BRITISH RESERVE MUSICAL INSTRUMENTS" ON: **01892 515244**

A FINAL LIST OF SUGGESTED ITEMS TO BRING WILL BE SENT PRIOR TO THE COURSE.

IN THE EVENT OF PERSISTENT UNACCEPTABLE BEHAVIOUR WE RESERVE THE RIGHT TO SEND ANY CHILD HOME WITHOUT A REFUND. WE WILL OF COURSE CONTACT THE NECESSARY PARENT OR GUARDIAN BEFORE MAKING A DECISION. RESPECT FOR THE STAFF, COURSE MEMBERS, FRAMLINGHAM COLLEGE AND EQUIPMENT PROVIDED IS EXPECTED AT ALL TIMES.

KARATE / MARTIAL ARTS

A Martial Arts session will start some days of the course: if your child has any medical reason NOT to take part please indicate:

I have read and completed the above form to the best of my knowledge and agree to the terms therein. I enclose a non-refundable deposit of £50 to secure a place on the "Lights, Music, Action" Summer School taking place at Framlingham College, Framlingham, Suffolk.

I understand that cancellations made after the 1st June 2010 will be charged the full fee.

I AGREE TO PAY THE FULL AMOUNT BY 21ST JUNE 2010.

TO QUALIFY FOR THE ADDITIONAL DISCOUNT ALL FEES MUST BE RECEIVED BY 1ST JUNE 2010.

Signed: Parent/guardian (if under 16). Date:

Signed: Member (if over 16). Date:

FEES - The fees for the 2010 L.M.A Summer School are as follows: **CHEQUES PAYABLE TO 'LIGHTS, MUSIC, ACTION'**

	Cost	Tick	Fee Due
NEW COURSE MEMBERS FULL FEE RESIDENTIAL	£495		
PAST COURSE / LMA STAGE SCHOOL MEMBERS FULL FEE RESIDENTIAL	£420		
L.M.A. COURSE T-SHIRT - (Optional Extra).	£12		

DISCOUNTS AVAILABLE – (Balance to be paid in full on or before 1st JUNE 2010 to qualify)

2ND & SUBSEQUENT FAMILY MEMBERS	- £20		
"BUDDY REWARD" - INTRODUCE A NEW MEMBER/S TO LMA SUMMER SCHOOL AND RECEIVE £20 OFF YOUR BALANCE FOR EACH "BUDDY" THAT JOINS! NB: New Member = Never attended LMA Summer School or LMA Stage School.	- £20		
CONCERT TICKETS – 4 tickets will be allocated per member.	FREE		
	TOTAL		
NON-REFUNDABLE DEPOSIT - Payable on application, balance to be paid by 21 st June 2010. (Cancellations after the 1st June 2010 will be charged the full fee - without exception).	£50		- £50
	BALANCE DUE		

Optional Instalment Plan – divide balance due into SIX equal payments. 1st January 2010 to 1st June 2010. **Please call for details.**

L.M.A. COURSE T-SHIRT – PLEASE INDICATE SIZE REQUIRED	9-11	12-13	S	M	L	XL
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PLEASE LIST NAME/S OF BUDDY/IES:

PLEASE INDICATE NAME/S OF PEOPLE WITH WHOM YOU WISH TO SHARE TWIN / TRIPLE ROOMS. IF NOT LISTED WE WILL ALLOCATE ROOMS AS NECESSARY.

Cigarettes and alcohol are not allowed.

Photography & Video recording

Photography and video recording are used to assist teaching, for family mementoes and occasionally for publicity. Parents/guardians should notify the director, in writing, if they do not wish the child in their care to be photographed or filmed.