



**Summer School 2017
Booking Form**

Pupil Name _____

Piper/Drummer/ Bass/Tenor (*Delete as appropriate*)

Parents Name _____

Address _____

Post Code _____

Tel _____

Email _____

I would like my son/daughter to attend the SSPDT Summer School 2017.

Parent's Signature _____

Please enclose a deposit of £15.

Cheques made payable to Scottish Schools Pipes and Drums Trust.

The Scottish Schools Pipes and Drums Trust and/or SSPDT names are the commonly-used names for The Scottish Schools Pipes and Drums Charitable Trust. This is a charitable trust registered in Scotland (No. SC037980).

Summer School 2017

Name of participant:	Age:
Home Address:	Tel Home:
	Tel Work:
Alternative Telephone Number for use in emergency:	

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?

Has your child/ward any known allergy (eg to penicillin)?

If your child/ward is currently undergoing treatment by a Doctor please give details including medication?
Pupils will be responsible for taking their own medication.

Are you happy for your child to appear in publicity photographs/video participating in the Summer School?

Is there any additional information we should have?

Name of Family Doctor:	Tel No:
Address:	

During breaks and lunch times the pupils will be free to have unsupervised time outside and/or go to the local shops. Pupils should agree not to go out in groups of less than three. Please delete appropriate statement to let us know your wishes.

I have made my child/ward aware that they are not to go outside unless accompanied by at least 2 other pupils

I do not wish for my child/ward to go outside during breaks/lunch

Parents Signature..... Date.....