



Just  
Brass.



Registration  
Form





## Welcome to Just Brass.

We are excited that you want to be part of Just Brass. We are glad that you are taking this opportunity to learn a musical instrument and develop your musical skills with us.

Just Brass desires for young people to experience the rich benefits of music, through individual and group learning, irrespective of family, school or community circumstances.

You will be placed in a band that is appropriate to the level art of the beginner band that will only include young people commencing on their instrument for the first time.

## Just Brass.essentials

We have weekly band practices during school terms at The Salvation Army Ringwood, Cnr. Wantirna and City Rd, Ringwood. Practices are held on Fridays from 4:15 pm to 5:15 pm. Afternoon tea will be provided prior to every rehearsal at 3.45pm.

Your participation is subject to completion of the attached registration form, as well as the return of personal and medical registration form for The Salvation Army Ringwood.

Just Brass is delivered in partnership with the Salvation Army and Fine Music, and students enrolled at these schools are provided an instrument, music books, music stand and free tuition.

## For more information

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Associate Corps Officer  
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**Just Brass. values**  
**PARTICIPATION, POTENTIAL, PERSISTENCE AND PARTNERSHIPS**

# Participant Registration



## Student Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

*(this will be used to send you reminders about concerts, newsletters, and other important information).*

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

School: \_\_\_\_\_

Your registration in Just Brass at The Salvation Army Ringwood requires completion of a Personal & Medical Information Form.

☐

Please find attached the completed Personal & Medical Information form

## Instrument Preference

Please indicate below, which instrument you would like to learn. Please choose **three** options by using numbers 1, 2, or 3, choice 1 being most preferred. A decision will be made prior to the first lesson as to which instrument will be allocated.

	Cornet
	Tenor Horn
	Baritone/Euphonium
	Trombone
	Tuba
	Percussion

## Participant's Agreement

As a participant in Just Brass, I agree to:

1. Attend band practice each week on Fridays from 4.15pm-5.15pm,
2. Commit to 15 minutes of practice 4 days a week,
3. Do my best to look after all equipment entrusted to me, and
4. Attend and participate in every end of term concert.

I acknowledge that my ongoing participation in Just Brass is subject to my full participation and my involvement may be suspended or withdrawn by the Just Brass Director if I choose not to uphold my commitment.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Caregiver's Signature

\_\_\_\_\_  
Parent or Caregiver's Name (print)

\_\_\_\_\_  
Date

# Travel Registration



*Just Brass provides limited return transport from partnering primary schools. Travel is subject to availability and all students must be registered to travel.*

I hereby grant permission for \_\_\_\_\_ (child's name) to travel by transport arranged by The Salvation Army to 'Just Brass' at The Salvation Army Ringwood, Cnr Wantirna & City Rd, Ringwood, each Friday afternoon.

I acknowledge that my child/children will be collected each Friday afternoon at approximately 3:30pm and returned at approximately 5:45pm at which time they become the responsibility of the parent or caregiver. If you are unable to collect your child at 5.45pm, please make alternative arrangements and advise a Just Brass representative in advance.

I understand that certain inherent risks and dangers exist in the activities in which my child will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

1. I authorise the leaders to obtain medical advice and/or assistance that they deem necessary.
2. I further authorise qualified practitioners to administer anaesthetic if required.
3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
5. I confirm that the information contained in this document is true and correct.
6. I agree to inform the leader of any change to these details.

Signature of parent or caregiver: \_\_\_\_\_

Name of parent or caregiver: \_\_\_\_\_

Date: \_\_\_\_\_



## The Salvation Army Ringwood Youth & Children's Program Registration Form (Family) 2017

In order for us to provide the best level of care while your child/ren are under our supervision, we require that you fill out and return the registration form below. This form only needs to be filled out once per family, per year. The information provided below will be treated confidentially.

### Personal Contact Details:

<b>Family Surname:</b>			
<b>Family Email Address(es):</b>			
<b>Address:</b>		<b>Suburb:</b>	<b>Postcode:</b>

### Parent(s)/Guardian(s):

Name:	Relationship:	Home Phone	Mobile Phone

### Emergency Contacts:

Name:	Relationship:	Home Phone	Mobile Phone

### Children and Young People's Details:

	First Name	Surname	Gender	Date of Birth	Year Level
Child 1					
Child 2					
Child 3					

### Program Participation:

Please select which programs you would like your child(ren) to participate in by ticking the appropriate boxes.  
Place ticks in Column 1 for the programs you would like Child 1 to participate in, Column 2 for Child 2, etc.

Sunday	1	2	3	Friday	1	2	3	Other	1	2	3
SP@RK(3yrs- prep)				Just Brass		✓		Mainly Music (Mon)			
K@BOOM (grade1-6)				Friday Night Fun (Gr 5- Year10)				Just Brass - Genesis Band (Tue)			
Explode AM (Youth)											
Junior Soldiers											

Do you consent to appropriate internal use of photographs or video that includes your child? <i>For example in an end of term slideshow or youth group</i>	Child 1	Child 2	Child 3

Do you consent to appropriate external use of photographs or video that includes your child? <i>For example on the Corps website or on an official Ringwood Salvation Army Facebook Page or Group.</i>	Child 1	Child 2	Child 3

**Contact Details (High Schoolers 12+):**

	Mobile Number:	Email:	Facebook
Child 1			Yes / No
Child 2			Yes / No
Child 3			Yes / No
Do you give permission for leaders to directly contact High School Aged Children in relation to programs being run at The Salvation Army Ringwood?			Child 1
			Child 2
			Child 3
			Yes / No
			Yes / No
			Yes / No

**Transport:**

Do you give permission for your child to be transported by leader as part of the youth and children's program?	Child 1	Child 2	Child 3

**Collection At Conclusion of Program (Children in Primary School or younger):**

To ensure the safety of your child/ren at the conclusion of a program, please nominate another trusted adult (including adult children) whom you give permission for your child/ren to be collected by if either parent is unavailable for pick up. If this should change, please notify, in writing the leader of the activity.

Name:	Relationship:	Home Phone	Mobile Phone

Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol); it is our policy that the leadership team does not provide medications.

Do any of your children have medical or psychological conditions which require special attention or dietary requirements? For example diabetes, asthma, allergies, vegan.

*If severe asthma or allergies please provide a management plan from your doctor.*

Child 1	Child 2	Child 3

Insurance Provider:	Membership #:	Do you have ambulance cover?
Medicare #:	Expiry Date:	Numbers of persons on Medicare Card

*I am aware, in signing this document regarding my child's participation in the Ringwood Youth /Children's Program in 2016, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:*

- 1. I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.*
- 2. I further authorise qualified practitioners to administer anaesthetic if required.*
- 3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.*
- 4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.*
- 5. I confirm that the information contained in this application is true and correct.*
- 6. I agree to inform the leader of any change to these details.*

Parent Guardian Name:	Relationship to participant:
Signature:	Date: