



## **Haberfield Public School Recorder Ensemble Agreement**

*(To be filled out by both the child and parent)*

**I \_\_\_\_\_ have been selected to represent the school in the Recorder Ensemble agree that;**

1. I will attend all rehearsals & concerts. Rehearsals will be Friday mornings 8.15 – 9.00 am & when required. If unable to attend, I will inform my teacher in person where possible.
2. I will participate in the true spirit of a Haberfield Musical Ensemble.
3. The conductor is in charge and I will follow his/her instructions with regard to all rehearsal, and performances.
4. I will show courtesy at all times to the conductor & teachers from other schools.
5. As a member of a musical ensemble, I am representing my school and I will at all times be on my best behaviour.
6. If I behave in an unacceptable way and I do not fulfill this agreement, I may be withdrawn from the musical ensemble altogether or for a specified period of time.

**RECORDER ENSMEBLE AGREEMENT. TEACHER'S NAME -  
Mr. David Collins-White**

**Name of student..... Signature:.....**

**Name of parent.....Signature:.....**

**Contact details: Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_**

**Email: \_\_\_\_\_**

**DATE:.....**