



Gateway Music Outreach Community Youth Orchestra Form

Student Info:

Student Name: _____

Physical Address: _____

Grade Level Just Completed: _____ Birth Date (mm/dd/yy): _____ Age _____

School: _____ Instrument _____

Parent Info:

Parent(s) Name(s): _____

Street: _____ City: _____ Zip: _____

Home Phone(s): _____ Cell Phone(s): _____ Email: _____

Gateway Music Outreach-Saturday Sessions takes place 1st & 3rd Saturdays at The Medici Media Center

2055 Walton Rd, Overland, MO 63114

Media Release Agreement:

I agree that Gateway Music Outreach may use the student's likeness in the routine promotions of its programs and for other non-commercial applications. (Note: Student's name will not be used.) ***Initial Here**

Parent/Guardian's Signature_____
Date



Gateway Music Outreach Saturday Sessions Release of Liability Form

Student Name: _____

I, being the parent/guardian of the above-mentioned student who is participating in the Gateway Music Outreach-Saturday Sessions, hereby give permission that my child, named above, may participate in the music class I have read the attached flier which sets out the details of this enrichment opportunity.

I hereby agree to be responsible for the conduct and actions of my child and to release Gateway Music Outreach, and their members, officers, employees, and agents from all claims or demands that may occur during participation in the Gateway Music Outreach-Saturday Sessions .

Furthermore, I agree to release Gateway Music Outreach, its members, officers, employees, agents and the sponsors of the summer school program, from any liability which may arise from incidents or accidents my child at the Summer String Camp.

Parent/Guardian's Signature

Date