



Summer Music Programs Registration, Medical, & Release Form

Circle Your 2023 Choice(s): Jazz June 27 – July 1 Performance July 10-16 Performance 2: August 7 – 14 Recording Camp: July 24-28

Student Information

First Name: _____ Middle Intl. _____ Last Name: _____

As of September 2023, list School: _____ Grade: _____

Birth date: _____ Age as of August 31, 2023 _____

Street Address: _____ Town _____ Zip: _____

Student's Email Address: _____ (If applicable) Student's Cell Phone: _____

Instrument(s)

			Circle Level of playing		
1 st _____	Level:	Beginner	Intermediate	Advance	Not sure
2 nd _____	Level:	Beginner	Intermediate	Advance	Not sure
3 rd _____	Level:	Beginner	Intermediate	Advance	Not sure

Parent/Guardian - Contact Information

<p>1st to be called Parent/Guardian #1</p> <p>Name and Contact Information</p> <p>First _____</p> <p>Last _____</p> <p>Street Address _____</p> <p>Town/City _____ State ____ Zip Code _____</p> <p>Home Phone: _____</p> <p>Cell phone _____</p> <p>E-mail _____</p> <p>Work Phone _____</p>	<p>2nd to be called Parent/Guardian #2</p> <p>Name and Contact Information</p> <p>First _____</p> <p>Last _____</p> <p>Street Address _____</p> <p>Town/City _____ State ____ Zip Code _____</p> <p>Home Phone: _____</p> <p>Cell phone _____</p> <p>E-mail _____</p> <p>Work Phone _____</p>
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Tuition \$475.00

A non-refundable \$100.00 deposit is required with this registration form.

Payment Type Preferred (Cash) or (Check) Cash _____ CK #: _____ Date Paid: _____

Date: _____ - Deposit of _____ = Balance: _____

Accepting M/C or Visa for full tuition payment. Please note there is a card fee of \$15.00. Date Paid: _____ Last four digits of card charged _____

Thank you for sharing music with us this summer

Contact Info: www.faceartsmusic.com - facearts@sbcglobal.net (860)526-1190 Child's Name: _____ Age: _____

Is your child allergic to any type of food or medication? Yes ___ No ___

If yes, explain _____

Your child requires a special diet? Yes ___ No ___ If yes, explain: _____

The purpose of the listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Please list any medical problems, including any requiring maintenance medication (i.e., Diabetic, Asthma, Seizures, & Allergies).

Medical Problem

Does your child require any special treatment should paramedic be called? Yes _____ No _____

If yes explain here _____

Any additional information you would like us to know: _____

In case of an emergency please list three alternative contacts:

Name	Contact Phone	Relationship to Child	Comments

Terms and Conditions:

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

In case of an emergency, and parent or guardian may not be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, Paramedic and/or Physician).

Parent's/Guardian's Initials

_____ I understand that Face Arts Music will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

_____ Photo, promotional Release: I hereby give permission for my child to be photographed during the Face Arts Music Summer Program(s). I understand the photos and/or videos will be used to keep a journal of activities, to share during power point presentations, and for promotional purposes including flyers, brochures, newspaper and on the internet. Children's' photos, videos and quotes may be used for publicity purposes. I do not expect compensation and that all photos & videos are the property of Face Arts Music.

_____ Leaving the premises for Lunch: I give permission for my child to be escorted off premises for a lunch outing.

_____ Lost or Stolen Items: Face Arts Music and its co-organizers are not responsible for lost or damage of personal property.

_____ Initials here in agreement of to the 2022 COVID-19 Requirements & Liability Release/Wavier

_____ Fees: I understand that no fees will be refunded or transferred unless a child is not to participate due to an accident or illness per physician's order.

Acceptance of Summer Music Program Requirements and Wavier

Sign here X _____ Date: _____

Print name of Parent/Guardian Signing this form: _____

Please check how you heard about Face Arts Music's Summer Camp

Heard about Camp from: School Music Teacher ___ Current Student ___ Website ___ Word of Mouth ___ Flyer ___ Other _____