



# Summer Music Programs 2024 Registration, Medical, & Release Form

Circle Your Choice: Jazz June 24-30 Performance July 8 -14 Performance 2: August 5 -11 Audio Production: July 29 – Aug. 2

### Student Information

First Name: \_\_\_\_\_ Middle Intl. \_\_\_\_\_ Last Name: \_\_\_\_\_

As of September 2024, list School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age as of August 31, 2024 \_\_\_\_\_

Street Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Instrument(s)

|                       |        | Circle Level of playing |              |         |          |
|-----------------------|--------|-------------------------|--------------|---------|----------|
| 1 <sup>st</sup> _____ | Level: | Beginner                | Intermediate | Advance | Not sure |
| 2 <sup>nd</sup> _____ | Level: | Beginner                | Intermediate | Advance | Not sure |
| 3 <sup>rd</sup> _____ | Level: | Beginner                | Intermediate | Advance | Not sure |

### Parent/Guardian - Contact Information

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

### 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: \_\_\_\_\_

### Medical Release Information

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 \_\_\_\_\_