

Summer Rock Band Audition/Registration Form 2018 (Please print)

Please circle one: Intermediate Rock Band \$300 Senior Rock Band \$300

Student's Name: _____ Instrument: _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Best Phone: _____ Cell Phone: _____

Parent email: _____ Student Email: _____

Student's Grade in School : _____ Age: _____ Date of Birth: ____/____/____

Please list all medical or emotional conditions, allergies or medications we should be aware of: _____

_____ (use back if needed)

Please list all conflicts from June 1st - August 3rd _____

If parents can't be reached, whom should we contact in case of emergency?

Name: _____ Phone: (____) _____

Permission and Liability Release:

My son/daughter (Child's name) _____

has my permission to participate in the All About Music, Inc. (Herein referred to as the Company) Rock Band program.. As Child's Parent or Guardian, I release the Company from any and all liability, damages, or claims whatsoever for any injury or harm that may occur to my Child while participating in any rehearsal, activity or performance provided by the Company. I agree that I will make no claim or demand against the Company if an injury or accident occurs during any rehearsal, activity or performance provided by the Company. I will look to my own resources, insurance or assets to pay all medical bills, damages or losses whatsoever if any injury occurs. The term Company includes all employees, subcontractors, volunteers or other staff of the Company participating in the program. The Company may use any photographs or video taken of my Child while participating in the program for publicity or promotion. I further agree that my child will not perform publicly, in whole or part, as a representation of the Rock Band program, including materials learned, without the knowledge and consent of a Company Rock Band instructor. I also give my permission to release my Child to the emergency contact listed above.

Parent (Guardian) Signature: _____ Date: ____/____/____

(office Use)

Payment: Date: ____/____/____ Cash: ____ Check #: _____ Amount Paid: _____ Balance Due: _____