



DJ Training Course Registration Form



Name _____
(First) (Last)

Address _____
(Street Address) (City) (State) (Zip)

Phone _____ Cell _____ E-Mail _____

Gender: Male Female Date of Birth _____ Age _____

School _____

I am interested in attending the DJ Class: **(Circle one)** In-Person Virtual Both

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name _____ Phone _____ Cell _____

Emergency Contact _____ Phone _____ Cell _____

PHOTO/VIDEO/INTERVIEW CONSENT

I understand that Taylor-Made Productions Inc provide music/entertainment at many outside and indoor event venues. Media representatives, newspaper & television reporters, photographers & public-relations personnel may be present at these events to record them. In some cases, they may interview and or photograph participants at these events. Such photos, videos and/or interviews will be used for promotional purposes only. In addition, our virtual sessions will be recorded for promotional purposes.

Circle One: YES, I give permission for my child to be photographed, recorded

NO, I do not give permission for my child to be Photographed, recorded

CONSENT (Under 18 Years of Age)

I give my child _____ permission to participate in the DJ Class conducted by Taylor-Made Productions Inc at the NYPD Community Center. I agree to all policies, terms and conditions.

(Child's Signature)

(Parent/Guardian Signature)