

Camper Name: \_\_\_\_\_ Face Arts Music Registration Form Age: \_\_\_\_\_



83 Main Street A2  
Deep River, CT 06417  
860-526-1190  
www.faceartsmusic.com

## SUMMER MUSIC PROGRAM 2019 REGISTRATION, MEDICAL & RELEASE FORM

### Student Information

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ School: \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of June 1, 2019) \_\_\_\_\_

Street Address \_\_\_\_\_ Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

### Instrument(s)

Circle level student is at:

1<sup>st</sup> \_\_\_\_\_ Level: Beginner Intermediate Advance don't know

2<sup>nd</sup> \_\_\_\_\_ Level: Beginner Intermediate Advance don't know

3<sup>rd</sup> \_\_\_\_\_ Level: Beginner Intermediate Advance don't know

### Parent/Guardian - Contact Information

#### *Parent/Guardian #1 Name and Contact Information*

First \_\_\_\_\_ Last \_\_\_\_\_

St. Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

### Parent/Guardian - Contact Information

#### *Parent/Guardian #2 Name and Contact Information*

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

**Tuition \$475.00**

\$100.00 Deposit Required

Secure your child's placement register today

Payment Type: \_\_\_\_\_ (Cash Check Card) #: \_\_\_\_\_ Date: \_\_\_\_\_

Card or check no

Tuition \$475.00 - Deposit Of \_\_\_\_\_ = Balance: \_\_\_\_\_

*Thank you for sharing music with us this summer!*

Camper Name: \_\_\_\_\_ Face Arts Music Registration Form Age: \_\_\_\_\_

**Medical Release Information**

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above 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).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes No
_____	_____	Yes No

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

**Terms of Agreement**

I understand that I will be notified in the case of a medical emergency involving my child. In the event that 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 if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Face Arts Music will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. Parent's/Guardian's Initials \_\_\_\_\_

**Photo/promotional Release**

I hereby permission for my child to be photographed during the **Face Arts Music Summer Program**. I understand the photos 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 and quotes may be used for publicity purposes. I do not expect compensation and that all photos are the property of Face Arts Music. Parent's/Guardian's Initials \_\_\_\_\_

**Leaving the premises for Lunch**

I give permission for my child to be escorted off premises for a lunch outing. Parent's/Guardian's Initials \_\_\_\_\_

**Lost or Stolen Items**

Face Arts Music and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. 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 orders.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Please circle how you heard about the Face Arts Music's Summer Music Program**

Current Student Website \_\_\_\_\_ Word of Mouth Flyer Other \_\_\_\_\_