

**LAOA Music Program  
Summer Session 2015-2016 June-July  
Ages 12-18**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

Please type or print legibly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cel: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

What instrument does your child play: \_\_\_\_\_

Specify Level:  Beginner  Intermediate  Advanced

Years of experience: \_\_\_\_\_

**Payments:** Tuition may be paid by cash or check

**Fees:**

- **SUMMER SESSION 2015-2016 JUNE 1<sup>TH</sup>.- AUGUST 12<sup>TH</sup>. Registration fee:** \$50 before June 1<sup>st</sup>. \$60 After June 1<sup>st</sup>.

**CASH**  **CHECK**

**Contact Information**

For more information, contact Araceli Lopez, Director at 479-409-0=9129

E-mail: [laoacontactus@latinartarkansas.org](mailto:laoacontactus@latinartarkansas.org)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

# LAOA Music Program

## Summer Session 2015-2016 June-July

### Ages 12-18

#### REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Student Medical Problems: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

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Who is financially responsible for the student?

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cel: \_\_\_\_\_

#### MEDICAL RELEASE

I hereby state that (dancer's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **LAOA Music Program** including but not limited to all aspects of playing music, and performances. I am fully aware that any activity creates the possibility of injury. I hereby release **LAOA Music Program, its employee and its staff** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **LAOA Music Program** including any event sponsored or sanctioned by **LAOA Music Program** and or travel to and from such activities.

I understand that **LAOA Music Program** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of class, etc.) or becomes involved in any activity or with any persons not associated with **LAOA Music Program** or its scheduled program and that **LAOA Music Program** has the right to send him/her home for inappropriate conduct. No refunds will be given. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

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

#### PHOTO RELEASE

I, \_\_\_\_\_ the undersigned, do hereby consent and agree that **LAOA Music Program**, its employees, or agents have the right to take photographs, videotape, or digital recordings of \_\_\_\_\_ and to use these in any and all media types including websites, now or hereafter known, and exclusively for the purpose of **LAOA Music Program**,

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to The **LAOA Music Program**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the **LAOA Music Program** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and I am competent to execute this agreement.

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