

Music LA Program 2009/10

REGISTRATION FORM



This form to be completed with parents at the Music LA Orientation.

This section to be completed by the Music LA Site.

Music LA Site _____

Address _____

City _____ **State** _____ **Zip** _____

Office _____

Fax _____

Music Education Provider _____

Session: (choose one)

- Summer**
- Latino Heritage Month**
- American Indian Heritage Month**
- African American Heritage Month**
- Asian and Pacific Islander American Heritage Month**

Student Information

| | | | |
|------------|-------|---------------------------------|-------------------------------|
| Name | Age | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| School | | | Grade |
| Cell Phone | Email | | |

Music Experience

| | |
|---|----------------------------|
| Have you studied music before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Number of years experience |
| What instrument/s do you play? | |
| What repertoire (music, songs) have you studied? | |
| | |
| What ensembles (groups, bands) have you played in? | |
| | |
| How did you hear about this program? | |

Student Agreement

By signing this agreement, I promise to attend each music class. I will respect my instructors and treat the instruments with care and respect.

Student's Name _____

Signature _____ **Date** _____



DEPARTMENT OF CULTURAL AFFAIRS
City of Los Angeles

Music LA Program 2009/10

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Parent/Legal Guardian Information

Name _____ E-mail _____
Address _____ City _____
State _____ Zip _____ Home Phone _____ Cell Phone _____
Child's Name _____

I authorize the following person(s) to pick up my child:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

My child will use public transportation.

Non-Refundable Tuition Fee (Summer Only) \$ _____ Date Paid _____

Please make checks payable to **City of Los Angeles**

Emergency Information

Does the child have any disabilities that need special accommodations? Yes No

Explain _____

My child is allergic to the following medications _____

Other Medications used _____

Please call the following person in case of an emergency

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I agree to relieve the City of Los Angeles Department of Cultural Affairs and its officers, agents or employees from any liability in connection with this request. In case of an emergency, medical treatment deemed necessary by a licensed doctor, I give my permission for such attention. I have read and agree to the above information.

Parent/Legal Guardian Name _____

Signature _____ Date _____

Release Form Agreement

In consideration of my child's participation in the Music Program activities, I, _____, hereby grant the City of Los Angeles Department of Cultural Affairs (DCA) or any person authorized by the DCA the absolute and irrevocable right and permission, in perpetuity and free of royalties, for DCA related purposes, to photograph, film or tape my child to use, publish, copyright and distribute my child's image and likeness. I release and discharge the City of Los Angeles Department of Cultural Affairs and its employees or independent contractors, assigns and designees from any and all claims and demands arising out of or in connection with the acquisition or use of the above images. I have read the foregoing and fully understand the contents thereof.

I hereby certify that I, _____, am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve and authorize the foregoing.

Print Name _____ Signature _____ Date _____

By signing this agreement, I understand that my child must attend every music class and is expected to treat the instructors and instruments with respect. Classes will be held on _____ (fill in the days) from _____ am to _____ pm (fill in time).