



Clinic Registration Form

Student Name _____ Instrument(s) _____

No. of years instrument played _____

Grade/Year in School _____

School _____

Address _____

City _____ State _____ Zip _____

Student E-mail address _____

Phone (_____) _____ Date of Birth _____ Age _____ Gender () F () M

Mother/Guardian _____ Phone (home/work) _____

Mother E-mail address _____

Mother/Guardian Address(if different from above)

City _____ State _____ Zip _____

Father/Guardian _____ Phone (home/work) _____

Father E-mail address _____

Father/Guardian Address(if different from above)

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____

School Music Teacher _____ Phone _____

Private Music Teacher _____ Phone _____

*If applicable, please indicate which parent or guardian is the primary contact:

If under 18 years old:

I hereby agree that my child, _____, may participate in all activities of the Fayetteville Symphony Orchestra Clinic. I understand and agree that the Fayetteville Symphony shall not be responsible for any injury to my child or any damage to, or loss of, my child's property. I release the Fayetteville Symphony Orchestra from all liability resulting from my child's presence at and participation in activities directly or indirectly related to the Fayetteville Symphony Orchestra Clinic. I understand video, audio, and still photography will be used for marketing of the education programs of the Fayetteville Symphony orchestra and that my child will not be identified in any way.

Parent/Guardian Signature

Date

Person(s) authorized to pick up my child from rehearsal:

Fayetteville Symphony Orchestra Clinic
Emergency Medical Information & Release Form

Student Name _____ Age _____

In Case of Emergency, Contact:

1.) Name: _____ Relationship: _____ Phone: _____

2.) Name: _____ Relationship: _____ Phone: _____

3.) Name: _____ Relationship: _____ Phone: _____

ALLERGIES(Food/Medicine/Etc.): _____

Physical Disabilities or Learning Differences that the Instructors Should be Aware Of: _____

Current Medications: _____

Insurance Information: _____

****This information is considered confidential, and it will be used only in emergency situations.****

If under 18 years old:

I, _____, the parent/guardian of my child _____

hereby assume the risk for any injuries that I, or my child may sustain in the pursuit of the activities while at Fayetteville Symphony Orchestra Clinic events and do hereby remise, release and forever discharge the Fayetteville Symphony Orchestra, its independent contractors, and employees from any actions, suits, damages, claims, or judgments that might arise from any personal injury or property damage or loss that may be sustained while at these events. I have read and fully understood this document and signed below:

Parent/Guardian Signature

Date