

# DePauw University School of Music Community Music Program

## KINDERMUSIK STUDENT REGISTRATION FORM

Dear Parent/Legal Guardian and Student Participant:

In order for your child under the age of eighteen (18) years of age to participate in a DePauw University Affiliated Program, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read, fill out and sign this parent/guardian consent form. If you have questions or would like further information, please contact the Program Administrator for your child's program.

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_

### Parent/Guardian Information

Name(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

List of all phone numbers where parent/guardians can be reached (note type of phone – home, work, cell, etc.)

Name: \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### Non Parent/Guardian Emergency Contact

Name: \_\_\_\_\_ # \_\_\_\_\_ Relation ? \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ Relation ? \_\_\_\_\_

**KINDERMUSIK CLASS INFORMATION**

Class: \_\_\_ Village \_\_\_ Our Time \_\_\_ Imagine That \_\_\_ Adventures

Day (circle): M T W TH F Time: \_\_\_\_\_

***A \$35.00 registration fee should be made payable to DePauw University.***

**MEDICAL INFORMATION**

Please answer in detail if applicable or write N/A.

1. List any medical conditions which the child has (ex. asthma, epilepsy, etc.):
  
2. List any allergies (drug/medicine, food and/or environmental) and the severity and type of reaction:
  
3. Please explain any other pertinent information about the child (i.e., physical, behavioral, and/or emotional) that would be important for the adult leaders to know:

**Authorization of Consent to Medical Treatment of Minor in an Emergency**

Should my child require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child's participation in the Program, I consent to any such treatment, first aid and/or transportation that may be provided to my child, permit Program staff and/or staff of the University Office of Public Safety to provide medically related information from this consent form to treating medical providers, and understand that the Program and DePauw University will not be responsible for any costs associated with any of the foregoing.

This authorization shall remain effective through the \_\_\_ day of \_\_\_\_\_, 20\_\_, unless sooner terminated in writing.

**General Release of Liability**

\* I understand that my child will be a participant in a Program affiliated with DePauw University, and I hereby give permission for him/her to participate.

\* I understand that my child will be provided with the orientation and training necessary, and as needed, for the safe and responsible participation in the Program.

\* I understand that my child may participate in physical activity. I represent and warrant that my child is in good physical condition and has no physical, health related or other

problems which would preclude or restrict his/her safe participation in this Program or otherwise render his/her participation dangerous or harmful to him/her or others, and that he/she is allowed to participate in physical activity.

\* I authorize the Program and/or DePauw University to publish or release to the media any pictures of my child taken during his/her time as a participant in the Program for promotional or recognition purposes only. Yes \_\_\_ No \_\_\_

\* Should the Program in which my Minor child is participating require transport of participants by motor vehicle, I authorize the Program staff to arrange for and provide transportation services. Yes \_\_\_ No \_\_\_

\* I understand that, as is typical with music-related programs and lessons, my child may have one-on-one contact with a lesson instructor in a public space. Yes \_\_\_ No \_\_\_

\* I, the undersigned, certify that I am the parent or legal guardian of the child named above and that I have the right to make decisions for my child that effect his/her well-being. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the Program. I understand that my child is not in any way required to participate in the preceding. In light of the preceding and with sufficient knowledge of my child's physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness, and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in the Program. I agree to release the Program, DePauw University, its trustees, officers, employees, agents and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively "Claims") that I or my child may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during my child's participation in or attendance in the Program except to the extent such Claims are caused by the gross negligence or willful misconduct of the staff or the Program and/or agents of DePauw University. I further agree to indemnify and hold harmless the Program and DePauw University and its trustees, officers, employees, and volunteers from any and all Claims arising out of, related to, or in connection with the Program that are caused by my or my child's negligent or intentionally tortuous acts or omissions.

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Parent/Guardian's Full Name (please print): \_\_\_\_\_

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

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