



THE GREATER BOSTON YOUTH CHORUS

Youth pro Musica Summer Week 2012 Registration

August 20 – 24, 2012

9am – 3pm

Performance: Friday, August 24 at 7pm

Workshop and performance are held at Second Church, 60 Highland St., West Newton, MA

Child's Name: _____ Age (as of 8/20/12): _____

Current Grade: _____ School: _____

Address: _____

Phone: _____

1. Parent/Guardian Name: _____

Phone: _____ E-mail: _____

2. Parent/Guardian Name: _____

Phone: _____ E-mail: _____

In case of emergency, please indicate the name and phone number of the person we should contact, if different from the information provided above.

Name: _____ Phone: _____

Please let us know if your child has any medical conditions (allergies, asthma, etc.) or if there is any other information that we should know.

Health Insurance Provider: _____ Policy #: _____

Please share any prior musical experience that your child may have.

How did you hear about this workshop? _____

Summer Week Tuition: \$250.00

Total enclosed: _____ Please make check payable to *Youth pro Musica* (address below).



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Emergency Care Permission:

In the event that I cannot be reached, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health. I relieve *Youth pro Musica, Inc.*, its employees, volunteers and other agents of any and all responsibility for action taken by the doctor and/or hospital in the treatment and attendance of my child.

Property Loss:

I understand that *Youth pro Musica, Inc.* is not responsible for personal property lost, damaged or stolen while participating in *Youth pro Musica Summer Week 2012*.

Release from Liability:

By signing below, individually and on behalf of my minor child, I hereby authorize my child's participation in *Youth pro Musica Summer Week 2012*. I hereby agree to release *Youth pro Musica, Inc.*, its employees, volunteers and other agents from any and all responsibility of any nature, including claims for injury, illness or death, loss or damage resulting from participation in *Youth pro Musica Summer Week 2012*. If any portion of this release is deemed unlawful, I agree that the remaining terms shall continue in full legal force and effect.

In executing this release, I represent that I am the authorized parent/legal representative of the named minor child, and I am authorized to execute this release.

Name of Child (please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date



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Media Release

I give permission for *Youth pro Musica, Inc.* to record, film, photograph, interview and/or publicly exhibit, distribute, or publish _____'s appearance, performance and spoken words during *Youth pro Musica Summer Week 2012* whether undertaken by *Youth pro Musica, Inc.* staff, students, or anyone outside of *Youth pro Musica, Inc.*, including the media. I agree that *Youth pro Musica, Inc.* may use or allow others to use those works without limitation or compensation. I release *Youth pro Musica, Inc.* and its staff, volunteers and other agents from any claims arising out _____'s appearance or participation in these works.

Parent/Guardian Signature: _____ Date _____

Printed Name _____