

Playing For Keeps
Starting Strings Sooner Registration
Year ____ / ____

Student Information

Student Name: _____ **Birthday:** ____/____/____

School: _____ **Grade:** _____

Parent/Guardian Name: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Email:** _____

Alternate Family Contact: _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Email:** _____

I have an instrument I will rent an instrument I would like to borrow an instrument

Registration Fee:

I have enclosed: Full Fee: \$60 I am applying for financial assistance* Amount requested: _____

* Financial assistance is based on both availability and need. Please pay what you are able to ensure that our funds help as many people as possible.

VISA MC # _____ / _____ / _____ / _____ Exp ____ / ____

Check (Please make payable to "Oregon East Symphony")

For office use	Paid	Scholarship	Balance Due	Date
	\$	\$	\$	

Participant Agreement

I, _____, agree to participate fully in the Oregon East Symphony's Starting Strings Sooner program. I agree to attend class each day and remain in class for the entire duration of the daily program. I understand that I am not permitted to leave class at any time without teacher permission. I also understand that if I engage in any inappropriate behavior, I will be required to leave with no refund of my registration fee. If I do not attend rehearsal for two consecutive lessons, without parental permission and notice to the teacher, I may not be allowed to continue in the program.

Signature _____ Date _____

Parental Permission and Medical Release

I give my permission for _____ to attend the Oregon East Symphony's Starting Strings Sooner program. I also give my permission for program staff, a nurse, or health center or hospital staff to administer any aid immediately to my student should he/she become sick or injured while attending, and to do so without having to wait until I am contacted. I also agree to hold harmless the Oregon East Symphony, and the program staff for any injury incurred by my student as a direct or indirect result of my student's participation in the program. I also consent to photographs of my student engaging in Oregon East Symphony sponsored activities to be used for Oregon East Symphony related publications and promotional material.

Parent/Guardian Signature: _____

Insurance Company: _____

Policy / Group #: _____

Medical Conditions / Allergies: _____

Physician – Name: _____ Phone: _____