

KIDS MUSIC WORKSHOPS 2016 REGISTRATION FORM

(Please Print)

Today's date:			Preferred Name:		
STUDENT PROFILE					
Student's last name:		First:		Middle Initial:	
Current Student?	School for 2016-17:	Grade Level 2016-17:	Birth date:	Age:	Sex:
<input type="checkbox"/> Yes <input type="checkbox"/> No			/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Phone:		
			()		
P.O. Box:	City:	State:	ZIP Code:		
If not current student, referred by (please check one box): <input type="checkbox"/>					
<input type="checkbox"/> Social Media		<input type="checkbox"/> Flyer		<input type="checkbox"/> Immanuel Lutheran	
Friends or Family Current/Former Students:					
Person(s) Allowed to Pick up Student:					

DETAILS					
(Please attach copy of medical insurance card)					
Parent/Guardian:		Address (if different):		Phone 1:	
				()	
Occupation:	Employer:	Employer address:		Phone 2:	
				()	
Workshop(s) Attending:		<input type="checkbox"/> June 20-23 <input type="checkbox"/> July 11-14			
Years of Formal Music Study:		<input type="checkbox"/> 0-1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4+			
Musical Interests:					
Pediatrician:		Pediatrician Phone:		Allergies:	
Permission to use photos of student in social media posts / website (no names will be used):				<input type="checkbox"/> Yes <input type="checkbox"/> No	
T-Shirt Size:					

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to patient:	Phone 1:
			()
			Phone 2:
			()
In case of an emergency, every effort will be made to contact the Parent/Guardian, the Emergency Contact, and/or the physician listed. Failing to reach any of these, I authorize Eric Franzen to administer first aid and/or secure proper emergency treatment, while efforts to locate the Parent/Guardian and/or Emergency Contact continue.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	