

### FLUTE FRENZY REGISTRATION/RELEASE

Student Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

### PUBLICITY RELEASE

Flute Frenzy may use child's likeness and/or recordings from rehearsals, concerts, and other activities throughout the year to promote Flute Frenzy and its programs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE

In case of emergency (other than parent)

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any medical needs/food allergies?

\_\_\_\_\_

\_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, in the event that neither I nor the emergency contact named above cannot be reached, I give my permission to have my child transported to Sentara Williamsburg Regional Medical Center for emergency treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### ARTISTIC DIRECTOR INFORMATION

Student Name \_\_\_\_\_

Instrument(s) \_\_\_\_\_

Years of Study \_\_\_\_\_ Age \_\_\_\_\_ Fall Grade Level \_\_\_\_\_

School Attended Last Year \_\_\_\_\_

Band/Band Director \_\_\_\_\_

Private Teacher \_\_\_\_\_

I wish to register for the Flute Frenzy Prelude Choir

\_\_\_\_\_ Session #1: Oct. 6, 13, 20 27

\_\_\_\_\_ Session #2: Nov. 3, 10, 17, 22 (Tuesday)

\_\_\_\_\_ Session #3: Jan. 19, 26, Feb. 2, 9

\_\_\_\_\_ Session #4: Feb. 16, 23, Mar. 1, 8

\_\_\_\_\_ Session #5: Mar. 22, 29, April 12, 19

How did you hear about Flute Frenzy? \_\_\_\_\_

\_\_\_\_\_


Student Email \_\_\_\_\_

The following information is used for music selection:


What is the highest note you can play? \_\_\_\_\_

What is the lowest note you can play? \_\_\_\_\_

What major scales do you know? \_\_\_\_\_

Have you learned this note:  ? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you learned this rhythm:  ? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you learned these notes:  ? Yes \_\_\_\_\_ No \_\_\_\_\_