

FLUTE FRENZY REGISTRATION/RELEASE

Student Name _____

Parent/Guardian _____

Street Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell _____ Cell _____

Email _____



<http://www.flutefrenzy.org>

ARTISTIC DIRECTOR INFORMATION

Student Name _____

Instrument _____

Years of Study _____ Age _____ Fall GradeLevel _____

School Attended Last Year _____

Band/Band Director _____

Private Teacher _____

Did you participate in District Band? _____

Are you in or trying out for any extracurricular activities? Yes or No

Please list _____

How did you hear about Flute Frenzy? _____

Student Email _____

Do you play/own a piccolo?

Please list which major scales you can play in two octaves.

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 _____