Music Program Registration Form

Thank you for your interest in our Music Program. Please complete the following form in full after reviewing our ACF Program Policies (provided separately). You can register online at **www.auaf.us/programs/music**, or sign this form and email it to **Music@acf-us.org** or return it to our office.

PART 1 | STUDENT INFORMATION

_____ _____ ☐ M ☐ F

STUDENT'S FULL NAME **DATE OF BIRTH (MM/DD/YYYY)**

_____ _____

STREET ADDRESS **APT/UNIT**

_____ IL _____

CITY/TOWN **ZIP CODE**

_____

CURRENT GRADE

T-SHIRT SIZE:

☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ XL

☐ Adult Small ☐ Adult Medium ☐ Adult Large

Please list any medical information that needs to be on file, including allergies:

_____

_____

_____

Number of years your child has participated in any music program:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+

If your child has formally studied music in the past, please indicate where:

_____

_____

DESIRED INSTRUMENT OF STUDY:

☐ Violin ☐ Viola ☐ Cello ☐ Piano ☐ Flute ☐ Guitar (group class only) ☐ Other _____

Please note that any instrument listed under Other is subject to teaching staff and cannot be guaranteed.

Does the student have prior experience with this instrument? ☐ Yes ☐ No

PART 2 | PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN FULL NAME

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

PARENT/GUARDIAN EMAIL ADDRESS

PLEASE INDICATE YOUR PREFERRED METHOD OF CONTACT: ☐ By phone ☐ By email

PART 3 | EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME | **PHONE NUMBER** | **RELATIONSHIP**

EMERGENCY CONTACT NAME | **PHONE NUMBER** | **RELATIONSHIP**

PART 4 | PARENT SIGNATURE

I, the undersigned parent/guardian of _____ (said minor), acknowledge that I have received, read, understand, and agree to abide by all ACF student registration and attendance policies and procedures. I give permission for said minor to participate in the ACF Music Program. I understand that by signing this authorization, I will not hold ACF liable for any injuries incurred while participating in program activities in which I have enrolled said minor. I understand that ACF is not responsible for any payments incurred due to medical care for said injuries.

PLEASE PRINT NAME

PARENT SIGNATURE | **DATE SIGNED**