2018 Summer Program Participant Registration Form & Permission Slip

Please CIRCLE the Program you plan to attend AND time-frame:

Art (July 16th-20th)(July 23rd-27th)/Musical Theater (July 23rd-27th)(July 30th-August 3rd)

Morning/Afternoon

Student's Name:	Age:			
	Cell Phone:			
E-mail (Parent's):				
Address:				
	Zip Code:			
Any known Allergies or Health Iss	ues that need mention:			
Parent/Guardian Permission				
Academy's Summer Program. I u	has my permission to participate in Standing Ovation Music nderstand that my child must be dropped off and picked up in a ter, it is highly recommended, not required, that the student			
Parent/Guardian Signature:	Date:			
Payments(Check One):				
. , , , ,	Musical Theater			
Enclosed is the full amount of \$375				
	k two(circle one) including registration fee.			
Enclosed is a \$25 registration fee to hold my son/daughter's spot in the program. I understand that payment				
must be made in full by July 1st				
	Art			
Enclosed is \$200 including registrati	on fee for week of July 16/July 23rd (circle one).			
Enclosed is a \$25 registration fee to	hold my son/daughter's spot in the program. (Full payment due by July 1st.)			
	Full Day Option Week of July 23-27th			
Enclosed is the additional amount o	f \$150 for Full Day Camp add-on for week of July 23 rd .			

Release and Indemnity Agreement

I hereby give consent for my child to participate in instructional programs/camps at Standing Ovation Music Academy LLC. I understand that injuries and property loss can occur during participation. I hereby release and agree to hold harmless Standing Ovation Music Academy, instructors, and/or affiliated companies and their respective agents and any independent contractors of Standing Ovation Music Academy of any liability claim, demands, injuries, or causes of action which may arise by virtue of acts, or decisions to act, negligible or otherwise. This form MUST be signed by a parent/guardian if child is under 18 years of age. I also give permission to Standing Ovation Music Academy to use photographs/video clips of my child for purposes of advertising in brochure and website material. The undersigned parent/guardian authorizes Standing Ovation Music Academy, instructors, independent contractors, and its agents permission to request medical treatment as necessary to insure the well being of the above listed dependent. No make-up dates are allowed for missed sessions. Refunds are not granted. If my child is unable to participate for any reason in the desired camp, a credit will be applied to another event or lesson package at Standing Ovation Music Academy.

Parent/Guardian Please Print Name:	
Signature:	_ Date:

Standing Ovation Music Academy LLC 8A Colfax Avenue Pompton Lakes, NJ (973) 831-0450 www.standingovationmusic.com

www.facebook.com/standingovationmusic

AUTHORIZATION FOR SEVERE ALLERGY EMERGENCY MEDICAL CARE

This Medical/Allergen record will remain on file at the site of Standing Ovation Music Academy at 8A Colfax Ave. in Pompton Lakes, NJ. If you need to provide further instructions or clarification, please document them on a separate piece of paper to serve as an addendum to this form.

Child Participant's Name		Child's Date of Birth			
Parent's Name(s):		Primary telephone number:			
Address:					
Emergency number:					
follow the instructions as outl	lined in this form filled	Music Academy, LLC. and its ded out by me/us, including the admetely if any changes take place.			
Parent or Guardian	Date	Parent or Guardian	Date		
ALLERGENS					
Please provide a complete list (anaphylactic shock) in the ch	nild.	ubstances that may trigger a seven	-		
☐ Bee sting ☐ Other insect bit	tes (identify):	Animal fur (identify):			
☐ Food allergies (identify all	foods that must be avo	oided):			
☐ Other (identify):					
		ymptoms that indicate that the ch	ild has come into		
contact with an allergen and t					
	s 🗆 Hives 🗅 Shortness	of breath or difficulty breathing	■ Vomiting □		
Diarrhea ☐ Other (explain): _		and the order in which they shoul			
			ld be taken:		
☐ Do not administer medicati	on in the absence of k	nown exposure to allergen			
(explain):					
		e area's emergency medical perso			
		Other (explain):			
Does your child normally carr	ry an epinephrine inje	etion for self-administration? θ Ye	es θ No		
RECREATIONAL ACTIVIT	IES May your child pa	articipate in recreational activities	? θ Yes θ		
No Does your child have any	activity restrictions?	Yes θ No If no, please explain:			
CHILD'S PHYSICIAN Name	e·				
Address:	·				
Telephone number:					
Emergency number:					
Parent's Signature:		Date:			

EPI-PEN FORM RELEASE AND WAIVER OF LIABILITY

This is a Release and Waiver of L	•	e e ;	
allergies (hereinafter, referred to a			
by and between STANDING OVA	TION MUSIC A	CADEMY, LLC. And	
residing at	, who are the Pare	ent(s)/Guardian(s) of	; Whereas,
the Parent(s)/Guardian(s) has engagenrichment for :			
been requested by the Parent(s)/G	uardian(s) to adm	inister emergency treatme	ent (including the
administration of epinephrine) to t	the Child during o	ertain emergency situatio	ns when the Child has
"Authorization For Emergency Ca accordance with and subject to ST administering treatment to childre agreement and covenants contained sufficiency of which are hereby as Parent(s)/Guardian(s) on their own discharges STANDING OVATION successors, affiliates and assigns of STANDING OVATION MUSIC And providing other emergency can STANDING OVATION MUSIC And providing other emergency can stand providing other emergency can be supersedes and replaces a written or oral, concerning all subjusted to other emergency can stand providing any additincorporated by reference, constituting the successors, directors, officers, emperor of the successors, directors, officers, emperor of the successors of each 4. The held invalid, illegal, or unenforced and waiver of Liability, Parent(s)/agree that they have had ample of the provided and the successor of the provided and the place of the place of the provided and the place of the place	re of Children with Severe allest dependent and other in and other in behalf and on behalf and on behalf and and all line and all line and and and all line and and all line and and all line and	th Severe Allergies" (the ION MUSIC ACADEMY rgies. NOW, THEREFORE r good and valuable conseparties hereby agree as for chalf of the Child hereby EMY, LLC. and its indeposability arising in law or example with the Child's Authorism and all agreements proped herein. This instrument instructions or clarificative ement among the parties elease to the term "STANEM TION MUSIC ACADEM and representatives. The term the dependents, heirs, executive the provisions of this Release. This Release shad not been contained here themselves and for the Chareview and reflect upon the dathe provisions of this Release shad not been contained here themselves and for the Chareview and reflect upon the dathe provisions of this Release shad not been contained here themselves and for the Chareview and reflect upon the dathe provisions of this Release shad on the provisions of this Release shad the provisions of the Release shad the provisions of this Release shad the provisions of the Rele	"Authorization"), all in LLC. policy for RE, in consideration of the ideration the receipt and ollows: 1. releases and forever endent contractors, agents, quity as a result of ministering epinephrine ization, provided that in administering athorization. 2. This imposed otherwise, whether it, along with the ins), which is hereby is with respect to the subject DING OVATION MUSIC MY, LLC, its affiliates, imms between the constructed as if in the insertion of the constructed as if in the constructed as if in this elease and Waiver of visor before signing this
Local Program Director Name	Title	Signature	Date
Parent/Guardian Name	Relationship	Signature	Date