

The Fox Valley Academy of Music Performance

Office: 420 West Downer Place, Aurora, Illinois 60506
(630) 879-8018

APPLICATION

You must submit an individual application for each child attending the program.

Please Print Clearly on **X** marks

Student's Name: _____

Address: _____ City _____ State _____ Zip Code _____

E-mail Address _____

Telephone Number: () _____

Date of Birth: _____ Grade: _____ Male/Female: _____

School currently attending: _____

_____ **In Case of an Emergency** _____
Father's Name: _____

Father's employer and address: _____

Father's business phone #: _____ Father's cell phone: _____

Mother's Name: _____

Mother's employer and address: _____

Mother's business phone #: _____ Mother's cell phone: _____

Other emergency contact: _____

Relationship: _____ Phone: () _____

Does your child have any medical problems? Yes / No _____

If so, please list: _____

_____ _____

Parent Signature/Guardian

Date

Back

The Fox Valley Academy of Music Performance Participant Waiver/ Hold Harmless Agreement

- Please read and sign below. You must return this before your child can participate.

I, the undersigned, want my child to participate in The Fox Valley Academy of Music Performance. I understand that the activities involved with The Fox Valley Academy of Music Performance may contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my child's actions and physical condition.

In consideration of my child's participating in The Fox Valley Academy of Music Performance, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against The Fox Valley Academy of Music Performance, Aurora Christian School, or Our Savior Lutheran Church, employees, representatives and successors for any injuries suffered by my child while engaged in the activities of The Fox Valley Academy of Music Performance.

I agree to indemnify and hold The Fox Valley Academy of Music Performance and any of their servants, agents, officials or employees free and harmless from any liability, loss, cost or expense including attorney fees, which may result from my child's participation in The Fox Valley Academy of Music Performance's activities. I agree that I am fully responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to my child as a participant in The Fox Valley Academy of Music Performance's activities and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use any photographs, videotapes, recording or any other record of The Fox Valley Academy of Music Performance's program for purposes of promoting the organization only. By signing below, I agree that I understand and consent to this statement.

I HAVE READ AND UNDERSTAND THE ABOVE WAIVER AND RELEASE OF ALL CLAIMS

Print Name of Participant			Date
Signature of Participant			Date of Birth
X			X
Address	City	Zip	Home Phone
X			X
Contact In Case of Emergency			Phone Number
X			X
Signature of Parent /Guardian			Daytime Phone

Please print clearly on X marks