NCMACC SUMMER ROCK BAND CLASS **2013 REGISTRATION FORM**

STUDENT INFORMATION (all areas required to fill out)
Student Name:	Date of Birth:
Home Address:	City:
State: Zip:	City: Attending School Name:
Daytime Phone:	Alternate Phone:
E-mail Address:	
PROGRAM DATE Please m	ark one session of your choice.
June 22 – August 3	3 (Saturdays Only) 2:00 PM - 3:00 PM
*All sessions are designed for age	es 12 – 17 years old.
	et be accompanied by a \$139 payment for each child. (Check or Cash accepted at any other time. Registration Deadline is Saturday, June 8 th .
EMERGENCY CONTACTS	
Whom should we contact if yo	ou can't be reached?
1	Relationship Phone: Phone:
2.	Relationship Phone:
IMPORTANT POLICY NOTE	S
application form and emergenIt is parents'/guardians" resp	s "first-come, first-served" basis. Spaces cannot be reserved, without both completed cy medical form. consibility that your child(ren) to be a) dropped off and picked up on-time, b) refrained th illness; and c) contacting us with absent notice.
This is a public music, art an	d culture center. Improper behavior, excessive noise or damage to the property will not ill be immediately discouraged. Smoking on the NCMACC premises is prohibited.
OTO CONSENT AND RELEA	SE
	California Music & Art Culture Center, or its designated photographer, photographs the
	use in NCMACC publicity materials. NCMACC will not list the name of any student
out the express written consent of	
	(parent/guardian), do do not consen
this Photo Release allowin	ig my child's photograph to be taken during class activities. I grant
	child's image, either individually or in group photos of students, for use in NCMACC
	y, including, but not limited to, use in brochures, newsletters, flyers, press kits, press
ases, and the NCMACC website.	y, moldaling, but not limited to, doe in broomdres, newslotters, nyers, press kits, press
	stated statements and conditions.
dent's Name:	
ent/Guardian Name: nature: X	 Date:
	Date.