



Siskiyou Violins

Parent - Student Contract

and Release Forms 2014 – 2015

I/we agree that by signing this form, the Siskiyou Violins Parent – Student Contract and Release Forms here described will remain in effect as long the student remains an active Siskiyou Violins participant. Please complete all required information and both student and parent/guardian sign at the end. Anytime your information needs to be updated you may download a new form from www.siskiyouviolins.org and resubmit.

Student's Name

Date of Birth

Name of Parent or Guardian

Orchestra/Music Group Memberships _____

SV Advanced _____

SV Juniors _____

Violin Teacher _____

Address

City

State

Zip

Phone Number(s):

(Name)

__ *Home*

(Name)

__ *Cell*

(Name)

__ *Work*

(Name)

__ *Home*

(Name)

__ *Cell*

(Name)

__ *Work*

(Name)

__ *Home*

(Name)

__ *Cell*

(Name)

__ *Work*

Email Addresses:

(Name)

(Name)

(Name)

(Name)

Parent Contract

I/We assume all risks and hazards incidental to participation in Siskiyou Violins (SV) and do hereby waive, release, absolve, indemnify and agree to hold harmless the SV, its board, staff, Artistic Director, instructors and volunteers for any claim arising from any injury to myself or to my child or loss or damage of instrument. We will respect the decisions of the Artistic Director as to whether the student is adequately prepared to participate in an event, which students should play if a limited number of students are called for, her choice of repertoire, concert attire, and choice of soloists or other small groups. We commit to letting Faina know in advance if an unavoidable conflict or illness arises that would interfere with the student’s expected participation in rehearsals and/or performances. I/We accept responsibility for the behavior and actions of my/our son/daughter at all SV events, rehearsals and concerts.

Student Contract

I will prepare for all performances of the Siskiyou Violins, and I will strive for musical excellence. I will practice my part(s), endeavor to attend all special advanced rehearsals, support the other members of the ensembles and cooperate with the Artistic Director, music coaches, volunteers, board and staff. I will comply with all SV policies and requirements, act responsibly and treat my colleagues, as well as the SV board, Artistic Director, staff and volunteers with courtesy and respect, and follow the policies of all venues and facilities at all times. I will respect the decisions of the Artistic Director as to whether I am adequately prepared to participate in an event, which students should play if a small ensemble is called for, her choice of repertoire, concert attire, and choice of soloists or other small groups. I will be responsible for my actions and behavior, and I understand that I may be suspended from performing in concerts for willful disregard for policies, damage to property, improper behavior or other action deemed inappropriate by the SV.

Permission & Medical Release

My son/daughter has my/our permission to participate in all Siskiyou Violins (SV) rehearsals and concerts, events and extended rehearsals/retreats. I authorize SV adult chaperones to obtain the necessary medical attention in the event of an emergency.

Physician’s Name

Telephone #

Medical Insurance Co. Policy #

Please list all of the special dietary needs of your son/daughter (vegetarian, diabetic, etc.) *SV will try to accommodate special needs and requirements.*

Please list all medical conditions (i.e. allergies, epilepsy, medication) about which the SV should be aware. *This information is confidential.*

Please provide the name and telephone number of an individual who could be contacted in the event the SV is unable to reach the parent/guardian listed below.

Emergency

Contact Telephone

Relationship

Media, Photography & Recording Release

To Whom It May Concern:

I give my son or daughter, _____, permission and consent to participate in publicity and media activities on behalf of the Siskiyou Violins (SV) or activities related to SV events or publicity, including photographs, reproductions, recordings, etc., and to exempt the Siskiyou Violins from obligation and/or remuneration for use of such material for publicity or other purposes.

Image Use Permission: Web Site

I further hereby grant permission for photographs/image files of my son/daughter to be posted on the SV web site and to be posted on the web sites of foundations or agencies in annual or other reports or publications related to SV activities. Photographs and/or Video or Audio files may also be used on Siskiyou Violins' Blogs, YouTube, and MySpace, Facebook, or other similar social networking sites to assist with publicity and fundraising efforts. This permission will remain valid until revoked in writing by me or other legal guardian of this student or the student him/herself after becoming 18 years old, as long as the student continues to be an active Siskiyou Violins participant or returning alumnus.

Signature of SV Musician: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____