MIAMI VALLEY MUSIC INSTITUTE

Student Registration/Participation/Refund Policy/Medical/Media Form 2023/2024

Please print out, then fill out this form (to be handed in before or at first class).

Student 1st Name*: _____ Student Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/____ Current Age: ___ Instrument: _____ Years Played: ____

Name of Class/Classes Attending: _____ Centerville ❑ Huber Heights ❑ Zoom ❑

(if you have more than 1 student, staple all their forms together so you can just fill in answers that are the same for all on just the top one. Please sign all though)

1. Parental/Guardian Consent: I, (Mr., Mrs., Ms.) _____, the parent or legal guardian of _____, give my consent for him/her to participate in all activities associated with the above stated Miami Valley Music Institute (hereafter known as MVMI) Instrumental Music Class(es). I understand that this consent will include participation in all rehearsals, concerts and activities related to the MVMI Instrumental Music Class and will include travel to and from these events. I also understand he/she is responsible to behave in a respectful manner and follow the rules set up at the above checked location(s) or locations of events related to the class(es). I have also reviewed and understand the refund policy.

2. Refunds/Cancellations/Credits: If it is necessary for a student to cancel a lesson, a twenty-four (24) hour notice prior to the lesson is requested if at all possible. No make-up or refund will be given for cancellations made without 24hr notice. The student or parent should contact Dennis directly at his phone number by call or text to notify of the cancellation. Please though, inform me of a cancellation as soon as you know. It helps me out and, if possible we might be able to make the lesson up. There will be no make-up time in case the student arrives late to his/her lesson.

Refund Policy: We don't do refunds for lessons missed or cancelled unless I and the parents/guardian agree to since your time slot has already been reserved for you, unless the slot gets filled or there is a hardship agreed upon. Hardships include but not limited to death in the family, loss of income, emergency move, extended illness to student.

Credits: Credits for missed lessons will only be given when the teacher cancels the lessons and an acceptable makeup cannot be scheduled. These credits will be given on the next month's tuition fee.

3. Media Release: At times families and representatives of MVMI will want to take pictures or video of concerts and activities. These may be posted on the MVMI website or social media of MVMI or families of members of the class (including but not limited to concert programs, brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits). I understand that names of students should never be posted or distributed without the express written consent for each image used of the below signed legal guardian(s).

❑ I give permission to use my child's image in the above described manner

❑ I do not give permission for my child's image to be used in the above described manner unless their face has been appropriately blurred out. I give MVMI permission to share this notice with families of other MVMI students. I do not hold MVMI or its representatives responsible if someone not employed by them posts a picture.

STUDENT CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION

Chronic Medical Conditions:

Current Medications:

Emergency Contact Name: _____ Phone Number (during class time): _____

Cell Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Health Insurance Carrier: _____ Policy Number: _____

Name of Policy Holder: _____ Name of Physician: _____ Phone #: _____

4. Medical Treatment Authorization: I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s). *(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment. Any exclusion from particular treatments must be legal and stated explicitly on this form with attachments if details necessary.*)

_____ _____ Date: _____

(Print Name of Parent or Legal Guardian) *(Signature of Parent or Legal Guardian)*

_____ _____ *Date:* _____

(Print Name of Parent or Legal Guardian) *(Signature of Parent or Legal Guardian*)

Your personal primary contact phone number: _____ Your Email address: _____

NOTE: *Class attendees 18 or older who are their own legal guardian may sign this form.*