



ASWAT YOUTH

Winter/Spring 2012

January 22 - May 20, 2012

Zawaya reserves the right to change or update any information on this form as it deems necessary.

LOCATION

Cubberley Community Center
4000 Middlefield Road
Palo Alto, CA

SCHEDULE

Sundays 1:15 - 3:15p.m., January 22 - May 20, 2012

FEES

Fees are payable by check to ZAWAYA. Fees are non-refundable.

ELIGIBILITY

Students must be between the ages of 5 - 18.

THE ASWAT YOUTH TEAM

Nabila Mango

Founder & Administrative Director

Dr. Guilnard Moufarrej

Musical Director & Arabic Singing Instructor

Dr. James Samir Ismail

Principal & 'Oud Instructor

Faisal Zedan

Percussion Instructor

Mia Coo

Support Staff

Parent's/Guardian's Name(s) and Contact Information:

PRIMARY PARENT/GUARDIAN CONTACT

Name: _____

Complete Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

SECONDARY PARENT/GUARDIAN CONTACT (optional)

Name: _____

Complete Address (*if different from above*): _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Child Participant(s) Information

Child Participant #1:

Name: _____

Sex: F _____ M _____ Age: _____ Date of Birth: (mm/dd/yyyy)_____/_____/_____

Please indicate class and level your child intends to join:

___ **Singing:** Beginner Intermediate

___ **Percussion:** Beginner Intermediate

___ **'Oud :** Beginner Intermediate

Does your child have any medical conditions or is there something else that we should know about your child?

Child Participant #2:

Name: _____

Sex: F _____ M _____ Age: _____ Date of Birth: (mm/dd/yyyy)_____/_____/_____

Please indicate class and level your child intends to join:

___ **Singing:** Beginner Intermediate

___ **Percussion:** Beginner Intermediate

___ **'Oud :** Beginner Intermediate

Does your child have any medical conditions or is there something else that we should know about your child?

Child Participant #3:

Name: _____

Sex: F _____ M _____ Age: _____ Date of Birth: (mm/dd/yyyy)_____/_____/_____

Please indicate class and level your child intends to join:

___ **Singing:** Beginner Intermediate

___ **Percussion:** Beginner Intermediate

___ **'Oud :** Beginner Intermediate

Does your child have any medical conditions or is there something else that we should know about your child?

*****PLEASE READ CAREFULLY BEFORE SIGNING*****

Release and Waiver of Liability: The undersigned parent/guardian hereby releases, waives, discharges, indemnifies and holds harmless ZAWAYA, The Bay Area Arabic School (BAAS), the Cubberley Community Center, ASWAT, its directors, officers, employees and agents, from and against any claim for damage, injury, loss or death to the above-named Student resulting from participation in any class, program or other activity either at the Cubberley Community Center or any other location, including any damage, loss or injury resulting from any failure to abide by the "Conditions of Participation." With a child's registration in classes, parent/guardian grants permission to take photos and recordings of class and/or performances for publicity and promotional purposes.

Health Care Authorization: The undersigned hereby authorizes ZAWAYA, The Bay Area Arabic School (BAAS), the Cubberley Community Center, and ASWAT, its directors, officers, employees and agents to do any acts which may be necessary or proper to provide emergency health care of and Student in the event that the Parent/Guardian(s) cannot be reached, including consent to and authorization of medical procedures by physicians, dentists, hospital or other emergency medical personnel, as they, in the exercise of their sole discretion, may deem necessary. The undersigned understands that (s)he is responsible for any and all costs and expenses of such medical treatment.

I have read the above release and waiver and certify that I have full authority to sign this release and authorization:

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____