

# Aswat Youth Ensemble

## REGISTRATION AND PARENTAL CONSENT FORM

*sponsored by Zawaya & The Arab American Cultural Center of the Silicon Valley*

### PROGRAM INFORMATION - Fall 2009 / Winter 2010

**Location:** Classes will be held in San Jose at the *Arab Cultural Center of the Silicon Valley*:

Houge Park, Building #2  
3952 Twilight Drive  
San Jose, CA 95124

**Music Director:** Dr. Guilnard Moufarrej

**Schedule:** Scheduled Saturdays 4:00 - 6:30 p.m. starting October 17, 2009 (see page 7)

**Fees:** Fees are payable by check to Zawaya. Fees are non-refundable.

*Returning students:* Fees are due in full on October 17th, 2009 (1st practice).

*New students:* Fees are due in full on October 24th, 2009 (2nd practice).

If you join after October 24th, fees will be prorated.

- \$200.00 per first child per session
- \$180.00 per second child of the same family
- \$160.00 per third child of the same family

**Eligibility:** Students must be between the ages of 5 - 18.

Classes are separated into two age groups: 5-10 years old & 11-18 years old.

#### **Other information:**

- Performance at ASWAT youth concert in March 2010
- Private classes in percussion, 'oud, violin, qanun, nay before or after youth practice at \$40.00 / half-hour and \$75.00 / hour (paid on monthly basis)  
(please email Nabila at [nabila@zawaya.org](mailto:nabila@zawaya.org) for private classes)

#### **Dates:**

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**Session I:** 8 sessions

October 17, 24, 31  
November 7, 14, 21  
December 5, 12  
**Session II: 8 sessions**

January 9, 16, 23, 20  
February 6, 13, 20, 27

**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) \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child ever been a member of the Aswat Youth Ensemble? Yes No

If yes, when? Season(s)/Year(s) \_\_\_\_\_

Briefly describe the child's musical experience, e.g., instrument, how many years of classes, member of school band, etc.

\_\_\_\_\_

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) \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child ever been a member of the Aswat Youth Ensemble? Yes No

If yes, when? Season(s)/Year(s) \_\_\_\_\_

Briefly describe the child's musical experience, e.g., instrument, how many years of classes, member of school band, etc.

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

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**Child Participant #3:**

**Name:** \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Has your child ever been a member of the Aswat Youth Ensemble? Yes No

If yes, when? Season(s)/Year(s) \_\_\_\_\_

Briefly describe the child's musical experience, e.g., instrument, how many years of classes, member of school band, etc.

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

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

**Release and Waiver of Liability:** The undersigned parent/guardian hereby releases, waives, discharges, indemnifies and holds harmless ZAWAYA, AACC-SV, 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 Director's home 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, AACC-SV, 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:** \_\_\_\_\_

**Important Contact Information**

**Arab American Cultural Center of the Silicon Valley**

Houge Park, Building #2  
3952 Twilight Drive  
San Jose, CA 95124  
www.aaccsv.org  
408-515-8566 / 408-239-9681

**Zawayya**

3150 - 18th St. Suite #523

Mailbox # 505

San Francisco, CA 94110

[www.zawayya.org](http://www.zawayya.org)

415-255-9330

**Aswat Youth Ensemble Staff****Nabila Mango**

Administrative Director

[nabila@zawayya.org](mailto:nabila@zawayya.org)

415-673-5770

**Dr. Guilnard Moufarrej**

Musical Director

[guilnar@sbcglobal.net](mailto:guilnar@sbcglobal.net)

510-557-3660

**Mia Coe**

Zawayya Office Manager

[zawayya.admin@gmail.com](mailto:zawayya.admin@gmail.com)

415-368-1343

**ASWAT YOUTH PRACTICE SCHEDULE**

**Scheduled Saturdays 4:00 - 6:30 PM**

GROUP 1: AGES 5-10

3:00 - 4:00 PM      **PRIVATE LESSONS**  
*(to be arranged)*

4:00 - 5:00 PM      **EAR TRAINING in**  
**ARABIC MAQAM**

5:00 - 5:30 PM      **SINGING**

5:30 - 5:45 PM      **BREAK**

5:45 – 6:30 PM      **PERCUSSION**

6:30 - 7:30 PM      **PRIVATE LESSONS**  
*(to be arranged)*

**Session I: 8 SESSIONS**

October 17, 24, 31

November 7, 14, 21

December 5, 12

GROUP 2: AGES 11-18

3:00 - 4:00 PM      **PRIVATE LESSONS**  
*(to be arranged)*

4:00-5:00 PM      **EAR TRAINING in**  
**ARABIC MAQAM**

5:00 - 5:45 PM      **PERCUSSION**

5:45 - 6:30 PM      **ENSEMBLE**

6:30 - 7:30 PM      **PRIVATE LESSONS**  
*(to be arranged)*

**Session II: 8 sessions**

January 9, 16, 23, 20

February 6, 13, 20, 27