

Aswat Youth Ensemble

REGISTRATION AND PARENTAL CONSENT FORM

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

PROGRAM INFORMATION - 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 January 9, 2010

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

Returning students: Fees are due in full on January 9th, 2010 (1st practice).

New students: Fees are due in full on January 16th, 2010 (2nd practice).

If you join after January 16th, fees will be prorated.

- \$240.00 per first child per session
- \$220.00 per second child of the same family
- \$200.00 per third child of the same family

Scholarship applications (full and partial) will be available on January 9th at registration time.

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 for private classes)

Dates:

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.

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) ____/____/____

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?

*****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.aacsv.org
408-515-8566 / 408-239-9681

Zawaya

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www.zawaya.org
415-255-9330

Aswat Youth Ensemble Staff

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