

Aswat Youth Ensemble

REGISTRATION AND PARENTAL CONSENT FORM

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

PROGRAM INFORMATION - Winter-Spring 2011

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

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

Schedule: Scheduled Saturdays 2:00 - 4:30 p.m., Jan. 15 - May 7, 2011

Public Performance Dates:

- March 10, 2011: Concert at SFSU
- May 7, 2011: Concert at College of San Mateo Theater

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

- \$30 per first child per class
- \$26 per second child of the same family per class
- \$22 per third child of the same family per class

Total for entire session (18 classes):

- \$540 per first child
- \$468 per second child of the same family
- \$396 per third child of the same family

Payment schedule:

Payment due date: January 15, 2011 (3 classes)

- \$90 per first child
- \$78 per second child of the same family
- \$66 per third child of the same family

Payment due date: February 5, 2011 (4 classes)

- \$120 per first child
- \$104 per second child of the same family
- \$88 per third child of the same family

Payment due date: March 5, 2011 (5 classes)

- \$150 per first child
- \$130 per second child of the same family
- \$110 per third child of the same family

Payment due date: April 2, 2011 (6 classes, May 7 included)

- \$180 per first child
- \$156 per second child of the same family
- \$132 per third child of the same family

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

Dates:

Winter-Spring Session 2011: 18 classes

January 15, 22, 29

February 5, 12, 19, 26

March 5, 10, 12, 19, 26 (practice and public performance at SFSU on March 10)

April 2, 9, 16, 23, 30

May 7 (practice and public performance at College of San Mateo Theater)

THE ASWAT YOUTH TEAM

Nabila Mango

Founder & Administrative Director

Dr. Guilnard Moufarrej

Music Director

Loay Dahbour

Percussion Instructor

Younes El-Makboul

Violin Instructor

Husain Resan

Oud Instructor

Wael El Buhaissy

Dabke 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: (Tabla is required for all students; 'oud and violin are optional & limited. Dabke is optional, fees are separate. Please check & circle those that apply)

Tabla:	Beginner	Intermediate 1	Intermediate 2	Advanced
___ 'Oud :	Beginner	Intermediate 1	Intermediate 2	Advanced
___ Violin:	Beginner	Intermediate 1	Intermediate 2	Advanced
___ Dabke	(\$15.00 per hour, billed monthly)			

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) ____/____/____

Courses your child intends to join this session: (Tabla is required for all students; 'oud and violin are optional & limited. Please check & circle those that apply)

Tabla:	Beginner	Intermediate 1	Intermediate 2	Advanced
___ 'Oud :	Beginner	Intermediate 1	Intermediate 2	Advanced
___ Violin:	Beginner	Intermediate 1	Intermediate 2	Advanced
___ Dabke	(\$15.00 per hour, billed monthly)			

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) _____

Courses your child intends to join this session: (Tabla is required for all students; 'oud and violin are optional & limited. Please check & circle those that apply)

Tabla: Beginner Intermediate 1 Intermediate 2 Advanced

___ **'Oud :** Beginner Intermediate 1 Intermediate 2 Advanced

___ **Violin:** Beginner Intermediate 1 Intermediate 2 Advanced

___ **Dabke** (\$15.00 per hour, billed monthly)

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

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