

MEMBERSHIP FORM

To Be Completed by Member

Please complete in pen

Name: _____ Date of Birth: ____/____/____ Gender: _____

School: _____ School ID#: _____ Grade: _____ Member Email: _____

Address: _____ City: _____ Zip: _____

Home Phone Number: (____) _____ Member Cell Phone Number: (____) _____ Do you authorize MRC to text messages to number provided? Yes No

Ethnicity: Black White Hispanic or Latino Bi-Racial Other Yes No

How do you intend to get home from MRC? Walk/Bike Get picked up Bus Drive

Annual Membership Fee

| | | | |
|---|-------------------------------|---|--------------------------------|
| Student qualifies for free or reduced lunch | <input type="checkbox"/> \$10 | Household Income \$75,000 or less: | <input type="checkbox"/> \$100 |
| Household Income \$35,000 or less: | <input type="checkbox"/> \$50 | Household Income \$75,000 or more: | <input type="checkbox"/> \$150 |
| Household Income \$50,000 or less: | <input type="checkbox"/> \$75 | Scholarship: <input type="checkbox"/> \$1 _____ | |

* PARENTS: Please note that the MRC understands that financial circumstance vary greatly.
If you cannot afford our sliding scale fee, please speak with a staff representative.

Being a member of MRC is a privilege. **By initialing and signing the application below, I am agreeing to:**

1. All members must respect staff, other members, themselves and equipment. _____
2. To maintain respect and create a space that is comfortable for any teen, we do not allow the promotion of drug, gun, sexually explicit or gang related material. We also do not use offensive language in the building. _____
3. No drugs, alcohol, or smoking on the premises. _____
4. Please return equipment to proper storage places after use. _____
5. No fighting or horseplay. _____
6. No loitering or lingering on neighborhood property. _____
7. Members must attend school any day they come to MRC during the school year. _____
8. Lights must remain on in the studios at all times. _____
9. Out of respect for other visitors we do not permit public displays of affection. Keep your hands to yourself. _____
10. All food and drink must be kept in the lobby. _____
12. All work must end 10 minutes before closing to ensure a proper shut down. _____

Member Signature: _____ Date: ____/____/____

MRC staff has the right to alter the rules at their discretion
Failure to abide by the rules will result in removal, suspension, or expulsion from the MRC as is seen fit by the staff.

Interest Survey

1. What are your favorite types of music? _____
2. Who are your favorite artists/performers? _____
3. How did you learn about the MRC? _____
4. Please check all the activities you are interested in: Lessons Learn an instrument Practice space
 Use the recording studio to complete a song/project Learn rapping/MC skills Learn vocal skills
 Learn performance techniques Create beats/electronic music Write original songs
 Learn audio engineering skills Learn a dancing style
5. Of the activities you checked above write your **1st priority**: _____
6. Of the activities you checked above write your **2nd priority**: _____

PARENT/GUARDIAN – PLEASE COMPLETE THE APPLICATION FROM HERE

This part is mandatory (and will be kept confidential)

Name of Parent/Guardian Completing this form: _____ **Relationship to Member:** _____
Phone1: Home Cell Work (_____) _____ Phone2: Home Cell Work (_____) _____
Do you authorize MRC to text message to number provided: Yes No
This person should be contacted if change in lesson schedule: Call #1 : Call #2 : Text #1 : Text #2 : Do not Contact
Email Address: _____ Student lives in a single parent home: Yes No
How many children live in your household? _____ Do any of these children qualify for the free/reduced lunch program? Yes No
Additional information I'd like you to know about this member: _____

Parent/Guardian 2: _____ **Emergency Contact:** Yes No
Street Address: _____ **City:** _____ **Zip:** _____
Phone Number 1: _____ Home Cell **Phone Number 2:** : _____ Home Cell
Do you authorize MRC to text message to number provided: Yes No
This person should be contacted if change in lesson schedule: Call #1 : Call #2 : Text #1 : Text #2 : Do not Contact
Email Address: _____ **Relationship to Member:** _____

Additional Contact: _____ **Emergency Contact:** Yes No
Relationship to Member: _____
Phone Number 1: _____ Home Cell **Phone Number 2:** : _____ Home Cell

Media Release

I hereby grant the Music Resource Center (MRC) a perpetual non-exclusive license to reproduce, perform, distribute and/or display any musical composition (including lyrics), sound recording, writing, or art work (including, but not limited to, any picture, drawing or photograph) created at the MRC by the Member, existing currently or in the future ("Member Work"). This license includes the right to perform any musical composition or sound recording created at the MRC by the Member. I may withdraw this license at any time by giving MRC written notice ten days in advance.

I further authorize without limitation MRC, and those acting with its permission and upon its authority, to use the Member's name, photographic image (including, but not limited to, portrait, picture, video, or other reproductions), audio recordings of the Member's voice, video recordings of the Member, and likeness, written or in electronic format, and/or reproductions of the Member's Work (collectively referred to herein as "Member Media Information") in MRC's publications, marketing and promotional materials, website, press releases, advertising media and/or for any other lawful purpose for the benefit of or relating to MRC. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the Member Media Information appears. I authorize MRC to use the Member Media Information, as described herein, on more than one occasion, without limitation to the number of times it is used, in perpetuity. I authorize MRC to reproduce, or cause to be reproduced and used, the Member Media Information described herein. I further agree to sign additional releases and waivers as may be required from time to time. I agree that I shall not be entitled to receive any compensation for such use, and I hereby release MRC, its successors and assigns, and those acting with its permission and upon its authority, from any liability, responsibility, or claim that may arise by reason of any exercise of the authority granted above.

Member Name (Print): _____

Parent/Guardian Signature: _____

Date: ____/____/____

Emergency Medical Treatment:

If the Member becomes seriously ill or injured while participating in MRC programs, including but not limited to during transportation to or from MRC, any authorized member of MRC may seek and obtain emergency medical treatment for the Member as he or she deems necessary. Additionally, I agree to release MRC from any claim whatsoever which may arise on account of any first aid, treatment, or service rendered in connection with the Member's participation in the MRC programs.

Parent/Guardian Signature: _____

Date: ____/____/____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Purpose: To enable a custodial parent or guardian to authorize emergency medical treatment to his or her student **if** the student becomes seriously ill or injured while participating in MRC activities **and** the custodial parent or guardian **cannot be contacted**.

DIRECTIONS AND CONSENT

1. If the Member seems to need emergency medical treatment, I **direct** that the Member be transported to a nearby hospital.
2. If, after arranging for the Member's transportation to a nearby hospital, reasonable efforts to contact me are unsuccessful, I **then direct** that reasonable efforts be made to contact at least one of the medical care providers listed below.
3. If neither I nor either of the medical care providers listed below can be successfully contacted to discuss emergency medical treatment for the Member, I **consent** to any emergency medical treatment considered necessary by the medical care personnel treating the Member. This consent to emergency medical treatment **does not authorize** surgery **unless** before the surgery, two physicians agree that surgery is necessary (one of whom **must be** one of the medical care providers named below – but only if available).

Medical care providers:

Physician – General _____ Phone (____) _____

Physician - Specialist _____ Phone (____) _____

Additional information:

Signature of Parent/Legal Guardian _____ Date _____

FACTS ABOUT THE MEMBER'S MEDICAL HISTORY

Does the Member have any dietary allergies or restrictions? : Yes No If yes, please list below:

Does the Member have any food allergies: : Yes No If yes, please list below:

If yes, do they carry an EpiPen? : Yes No

Staff Use Only

Staff: _____ Date Entered into Neon: _____ Fee: _____