

## 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

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

\_\_\_\_\_ **PARENTS please initial here, indicating your understanding that the MRC has an open-door policy and we are not permitted to keep your child from leaving the premises.**

### Annual Membership Fee

Student qualifies for free or reduced lunch  \$10 Household Income \$75,000 or less:  \$100  
Household Income \$35,000 or less:  \$50 Household Income \$75,000 or more:  \$150  
Household Income \$50,000 or less:  \$75 Scholarship:  \$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 **1<sup>st</sup> priority:** \_\_\_\_\_ **2<sup>nd</sup> 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: \_\_\_\_\_