

**THE MUSIC RESOURCE CENTER - CHARLOTTESVILLE**

105 Ridge Street, Charlottesville, VA 22902 • (434) 979-5478 •

www.musicresourcecenter.org

**MEMBERSHIP FORM**

Please write neatly

**Member Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ (  Prefer not to answer)

School: \_\_\_\_\_ School ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Resident of:

- City of Charlottesville
- Albemarle County
- Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Member Cell Phone: (\_\_\_\_) \_\_\_\_\_ Member Email: \_\_\_\_\_

Do you authorize MRC to text messages to the cell number provided?  Yes  No

Ethnicity: \_\_\_\_\_ (  Prefer not to answer) Preferred pronouns: \_\_\_\_\_ (  Prefer not to answer)

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

**Member Interests:**

What are your favorite types of music? \_\_\_\_\_

Who are your favorite artists/performers? \_\_\_\_\_

How did you learn about the MRC? \_\_\_\_\_

- Please check all the activities you are interested in:  Lessons  Learn an Instrument  Practicing  Use the recording studio
- Learn rapping/MC skills  Learn vocal skills  Learn performance techniques  Create beats/electronic music
- Write original songs  Learn audio engineering skills  Learn to dance

Of the activities you checked above, write your 1<sup>st</sup> priority: \_\_\_\_\_ 2<sup>nd</sup> priority \_\_\_\_\_

**Member Agreement:**

Please read each rule and initial to indicate you agree to them, then sign below.

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. Outside food must be consumed outside the building. \_\_\_\_\_
12. All work must end 10 minutes before closing to ensure a proper shut down. \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Information:**

This part is mandatory and will be kept confidential

Name of parent/guardian completing this form: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work Phone #2: (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work

Email Address: \_\_\_\_\_

Do you authorize MRC to text message a cell number provided?  Yes  No

This person should be contacted if change in lesson schedule:

Call #1  Call #2  Text #1  Text #2  Email  Do not contact

How many children live in your household? \_\_\_\_\_ Is this a single-parent household?  Yes  No

Additional Contact: \_\_\_\_\_ Relationship to member: \_\_\_\_\_

Phone #1: (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work Phone #2: (\_\_\_\_) \_\_\_\_\_  Home  Cell  Work

Emergency Contact  Yes  No

Is there anything you'd like us to know about this member?

\_\_\_\_\_

**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 carry any emergency medical supplies (i.e., epi pen, insulin, etc)?  Yes  No If yes, please list below:

\_\_\_\_\_

Does the member have any medical conditions that you'd like us to know about?  Yes  No If yes, please list below:

\_\_\_\_\_

**Family income and membership fee:**

Please refer to the supplemental chart and indicate the category into which the member's household falls:

A  B  C  D  E  F  G

Paying the fee indicated on the sliding scale

Paying an adjusted fee of \$\_\_\_\_\_ (Staff initial for authorization \_\_\_\_\_)

**Parent/Guardian Signature Page**

**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 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 may seek and obtain emergency medical treatment 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: \_\_\_/\_\_\_/\_\_\_

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:**

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I understand that the MRC has an open-door policy and is not permitted to keep my child from leaving the premises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Annual Membership Fee Structure Supplement:**

Please locate the section of the table that reflects your family size and household income. The letter at the top of each column indicates the Income Bracket, and the left-hand side is the size of your household

Income Bracket▶	A	B	C	D	E	F	G
Members of your Household▼	Household Income is at or below:						Household income is above:
1 (emancipated teen or independent adult still in high school)	\$12,490	\$18,735	\$37,470	\$62,450	\$99,920	\$124,900	\$124,900
2	\$16,910	\$25,365	\$50,730	\$84,550	\$135,280	\$169,100	\$169,100
3	\$21,330	\$31,995	\$63,990	\$106,650	\$170,640	\$213,300	\$213,300
4	\$25,750	\$37,328	\$77,250	\$128,750	\$206,000	\$257,500	\$257,500
5	\$30,170	\$45,255	\$90,510	\$150,850	\$241,360	\$301,700	\$301,700
6	\$34,590	\$51,885	\$103,770	\$172,950	\$276,720	\$345,900	\$345,900
7	\$39,010	\$58,515	\$117,030	\$195,050	\$312,080	\$390,100	\$390,100
8+	\$43,430	\$65,145	\$130,675	\$217,150	\$347,440	\$434,300	\$434,300

**Fee Structure:**

Income Bracket	Annual Membership Fee
A	\$1
B	\$5
C	\$25
D	\$50
E	\$100
F	\$150
G	\$200

Please note that the MRC understands that financial circumstances vary greatly.

If you cannot afford our sliding scale fee, please speak with a staff member about a scholarship.

If you wish to give more than the annual membership fee, we greatly appreciate donations.

In either case, please still indicate the income bracket that applies to your family.

We depend on this information for fundraising.