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: _____ Grade: _____

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 1st priority: _____ 2nd 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

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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

□ 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 ad 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 umber 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 <u>not</u> authorize** surgery **<u>unless</u>** before the surgery, two physicians agree that surgery is necessary (one of whom **<u>must be</u>** one of the medical care providers named below – but only if available).

<u>Medical Care Providers</u>

Physician – General: _____ Phone (___)_____

Physician – Specialist: _____ Phone (___)_____

<u>Additional Information:</u>

_____

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 Supplement:

How to use this document:
Locate the section of the table that reflects your household size and household income. The letter under the column that corresponds to your household is the letter you should indicate on page 2 of the form. The fee at the bottom of the column is the annual membership fee for that income bracket.

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.

Household Size	Household Income at or below:					Household income greater than:
2	$21,640	$55,900	$89,500	$134,200	$167,760	$167,760
3	$27,320	$62,900	$100,700	$151,000	$188,700	$188,700
4	$33,000	$69,900	$111,800	$167,800	$209,700	$209,700
5	$38,680	$75,500	$120,800	$181,200	$226,500	$226,500
6+	$44,360	$81,100	$129,700	$194,600	$243,300	$243,300
Income Bracket:	A	B	C	D	E	F
Annual Fee:	$1	$5	$10	$60	$150	$250