



b . sharp
youth music program

B SHARP YOUTH MUSIC PROGRAM ENROLLMENT FORM

Please read and complete the following application/requirements in order to request enrollment in the B Sharp Youth Music Program. We request that you print and/or type the application and parent/guardian letter.

Name of Student _____

Current Grade Level: _____

Homeroom Teacher _____

Parent(s)/Guardian(s) _____

Student Date of Birth _____

Special student dietary information/needs _____

Medications _____

Mailing address _____

City _____ State TEXAS Zip Code _____

Home Phone _____ Cell Phone _____

Alternate Phone _____

Parent email(s) _____

Emergency Contact Name and Phone Number _____

Parent(s)/Guardian(s) – please use the back of this page to let us know why you would like for your child to participate in the B Sharp Youth Music Program.

Please return this form to a Program Coordinator during one of our enrollment windows:

Fall Enrollment Window – August 28th – September 19th

Spring Enrollment Window–January 5th–January 15th 1st day of B Sharp (after paperwork is processed) 1/20/15

Parental Consent Form

Student Name _____

_____(Initial) PARTICIPATION AGREEMENT

The following is intended to create a safe environment for all student participants:

- *After your student is dismissed from school and begins the daily B Sharp Youth Music Program (B Sharp), he/she may not leave the program site unless prior arrangements have been made with a Program Coordinator.
- *Students must be picked up/discharged according to the teams outlined in the B Sharp Parent Handbook.
- *Regular attendance is required. Unexcused absences may result in a suspension from the program.
- *Students will follow the behavioral expectations outlined in the Discipline Management Plan.

_____(Initial) WAIVER OF LIABILITY (FIELD TRIPS/CONCERTS)

By offering this program, Fort Worth ISD is not waiving any of the immunities available to it by law.

I, the undersigned parent/guardian of the above-named minor child do hereby fully release and discharge FWISD, The Goff Family Foundation, and the B Sharp Youth Music Program, including but not limited to the program staff, volunteers, and any persons associated with these organizations from all liability of any kind upon any claim, demand, or cause of action which might be asserted on behalf of said minor child. I give my child permission to use the arranged transportation to and from B Sharp events when necessary (FWISD bus/FWISD vehicle/B Sharp Administration Team vehicle).

_____(Initial) HEALTH CARE NOT AVAILABLE

I am aware that there is no nurse or health care assistant available after normal school hours; therefore I understand that medications left with the school nurse during the day will not be available to my child after school. Emergency response (911) MAY be called if there is an emergency. The parent/guardian will be responsible for all expenses related to emergency medical care.

Please list any disabilities/allergies _____

_____(Initial) PHOTO/MEDIA RELEASE

_____ has my permission to be photographed and/or recorded by B Sharp, The
(Student Name)

Goff Family Foundation, and/or news/media in conjunction with the programs related to B Sharp for any lawful purpose (print and/or electronic) without further notice to me. I also agree to hold harmless B Sharp and The Goff Family Foundation and its representatives from any claims or cause of action directly or indirectly related to photographing, videotaping, or audio taping of my child for any lawful purpose and to waive all monetary or other claims that might arise as a result of any lawful use of these materials. I certify that I am the parent or legal guardian of the above mentioned individual and am authorized to give permission and consent.

_____(Initial) CUSTODIAL ISSUES/OTHER CONCERNS

If Applicable...

Please provide the most recent legal documentation of custody/visitation restrictions. If this changes in the future, you must provide us with the current information. The program will enforce these guidelines until further notification is provided in writing by a parent/guardian.

Are there court orders affecting custody of this student? ____ YES ____ NO

If yes, please indicate who has custody during afterschool hours:

Father's Name _____ Mother's Name _____

Other _____ Are there any restraining orders? _____

_____(Initial) STANDARDS OF CARE

I understand that the B Sharp Youth Music Program is not a licensed childcare facility as defined by the State of Texas.

I have read and understand the guidelines and sections outlined above. I give permission for my child to participate in the B Sharp Youth Music Program.

Parent/Guardian Signature _____ Date _____