

Junior High Workshop Student Registration Form

\$40 Student Registration Fee

Please complete form, include payment (check made payable to Macomb Community College), sign photo release, select T-shirt size, and return to your vocal music teacher.

Please **DO NOT** mail to the Macomb Center for the Performing Arts; the vocal teacher must register your child along with their school

Student Name _____ Date of Birth _____ Age _____

Parent Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Emergency Daytime Phone _____

(Please include area code)

Email _____

School Name _____ Grade Level (as of 09/2019) _____

Instructor/Director _____

T-SHIRT SIZE: All junior high workshop participants will receive a complimentary T-shirt (check one):

small medium large x-large 2x-large other _____ (child sizes available)

PHOTO RELEASE

1. Grant of Rights. The undersigned hereby grants to Macomb Community College, its employees, agents, successors or assigns, the irrevocable right to use his/her child's name, image, picture or photograph in any and all forms of media, including print or electronic media, for purposes of advertising, marketing, promoting or publicizing the College and/or College programs, or for any other lawful purpose.

2. No Compensation. The undersigned understands and agrees that no compensation will be paid by the College for the rights granted hereunder and that neither the undersigned nor his/her child shall have the right to inspect or approve the finished product or any written copy that may be created in connection therewith.

3. Representations and Warranties. The undersigned represents and warrants that he or she is the parent or legal guardian of the child or otherwise legally authorized to sign this Release on the child's behalf.

RELEASE OF LIABILITY

In consideration of Participant being permitted to participate in the Macomb Community College Program(s) named above, I, Participant/Participant's Parent or Guardian, hereby release, discharge and covenant not to sue Macomb Community College, its trustees, officers, agents and employees from all liability for any and all claims, damages, costs or causes of action I/we have or may in the future have as a result of injuries (including death) or damage to property sustained or incurred by Participant while in any way participating in the above Program(s).

By signing this Release, I certify that I have read the Release and understand its terms.

Date: _____ Participant's Signature _____

Date: _____ Parent/Guardian's Signature _____

Student Reminder: Bring a bag lunch as lunch will not be provided.