

# 2014-15 Registration Form

Student's Name			
	I	YES / NO	
Date of Birth	Grade (as of Sept. 1)	Continuing Student	
Continuing	g families may skip to page 2 provided no inform	mation has changed	
Parent/Guardian Name			
Address			
City	State	Zip	
Daytime Phone	Evening Pho	ne	
Email			
Parent/Guardian Name	;		
Address			
City	State	Zip	
Daytime Phone	Evening Pho	ne	
Email			
How did you hear about	t City Music Center?		
OPTIONAL (circle one)	) <b>Ethnicity:</b> American Indian, Alaska 1	Native, Asian, African	
American, Hispanic/Lati	ino, Multi-racial/Native Hawaiian/Pac	cific Islander, Caucasian,	
Other			



New students should consult with Executive Director Chris Bromley to design a program and schedule to fit each student's needs. After your consultation, please complete the information below. Returning families who have questions should feel free to contact the executive director as well. A full listing of offerings may be found at cmcpgh.org/tuition2015.aspx. Once your registration has been received and processed, a member of the CMC administration will be in touch with you concerning your total tuition and payment instructions.

Will this student take applied private lessons through CMC? Yes	No
What instrument will this student play (primary)?	
Who is their recommended teacher?	
What is the agreed upon length of applied lessons?	
20 minutes (Suzuki only) 30 minutes 45 minutes	_ 60 minutes
Will this student play a secondary instrument? Yes No	
What instrument will this student play (secondary)?	
Who is their recommended teacher?	
What is the agreed upon length of applied lessons?	
20 minutes (Suzuki only) 30 minutes 45 minutes	_ 60 minutes



### What is the student's desired concentration?

## **Traditional Studies**

Musicianship (Grade 3 and Up)	
Class name	Time
Eurhythmics or Elective	
Class name	Time
Optional Added Electives (Additional Fee)	
Class name	Time
Class name	Time
Class name	Time

# Suzuki Program

Suzuki Group and Recitals	
Musicianship (Grade 3 and Up)	
Class name	Time
Eurhythmics or Elective	
Class name	Time
Optional Added Electives (Additional Fee)	
Class name	Time
Class name	Time
Class name	Time



# Music Technology

Musicianship	
Class name	Time
Audio	
Class name	Time
Tech	
Class name	Time
Optional Added Electives (Additional Fee)	
Class name	Time
Class name	Time
Lessons Plus One	
Musicianship or Elective	
Class name	Time
Beginning Piano or Violin (Check one)	
Eurhythmics	
Class name	Time
A la carte	
Class name	Time
Class name	Time
Class name	Time



#### PAYMENT OPTIONS

Have you applied for Financial Aid?

Payment type	check	e-check	online credit (MC or Discover)
Frequency	in full	semester	monthly (Sept-April)

Fees for all registrations after week one (1) will be prorated. Payments may be made in person via check or online by e-Check or Credit Card. Visit www.duq.edu/cmc to access payment site. Students may not begin classes or lessons until registration is complete and payment arrangements have been made.

Private lessons that are cancelled by the teacher will be made up at a time agreed upon by both parties. Teachers are under no obligation to make up lessons cancelled by students, and such cancellations will not result in any type of adjustment of tuition.

Withdrawal from the Traditional Studies, Suzuki Program, Technology Track in years two or three, or individual electives will result in full refund less a prorated amount for weeks attended and a \$50.00 processing fee. Withdrawal from the Technology Track in a student's first year will result in a full refund less a prorated amount for weeks attended, the actual cost of the student's iPad and a \$50.00 processing fee.

#### PARENT'S/GUARDIAN'S SIGNATURE

#### PARENT'S/GUARDIAN'S SIGNATURE

City Music Center of Duquesne University Mary Pappert School of Music Pittsburgh, PA 15282-1800 412.396.5872 cmc@duq.edu www.duq.edu/cmc

**Lisa Hoak** Assistant Director

Natasha Snitkovsky Artistic Director

Christopher Bromley Executive Director Funding in support of our program has been provided by the Anna L. and Benjamin Perlow Fund of The Pittsburgh Foundation.



#### RELEASE & HOLD HARMLESS AGREEMENT

AND NOW, this \_\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ intending to be legally bound hereby, and in consideration for the opportunity to participate as a student in Duquesne University City Music Center Programs. I\_\_\_\_\_\_, acknowledge that I understand and accept the risks of participating in this activity, including the risk of bodily injury to myself or others. I, for myself, my heirs and legal representatives agree to release, indemnify and hold harmless Duquesne University and all of its officers, administrators, agents and employees from any and all liability for any injury or loss and all claims, demands and actions at law or in equity that may hereafter at any time be brought by me, or anyone acting on my behalf, for the purpose of enforcing a claim for damages because of any injury (including death) or damage to me resulting from or in any way related to my participation in the aforesaid activity.

I hereby acknowledge and agree that in the event of an injury to me, I will apply my own medical, hospitalization and/or accident insurance toward the payment of any and all expenses incurred and will not look to Duquesne University for the payment of any medical or injury related expenses.

Further, I hereby grant permission to the City Music Center to use photographs or audio/video of classes, lessons or other activities in which I might appear and to publish royalty-free and without liability such images in the City Music Center program print, audio or electronic promotional materials, including its website.

I HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT, I UNDERSTAND THE SAME, AND I AGREE TO BE LEGALLY BOUND BY ALL OF THE TERMS STATED THEREIN.

Printed Name of Parent or Guardian (if student is under age 18)

Signature of Parent or Guardian (or student if 18 or over)

Date



### **Emergency Medical Care Authorization**

I authorize Duquesne University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in a Duquesne University City Music Center program.

In the event of a medical emergency, Duquesne University, through its representatives, will make every effort to reach the person or persons designated below:

FIRST EMERGENCY CONTACT	SECOND EMERGENCY CONTACT
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Telephone (day):	Telephone (day):
Telephone (evening):	Telephone (evening):
Cell Phone:	Cell Phone:
E-Mail:	E-Mail:

#### Certificate of Medical Insurance Coverage

I certify that I/my child is covered by health/medical insurance and that such insurance is current and in effect, and will remain in effect during the entire term of program participation. I understand and accept that Duquesne University is not responsible for any costs relating to medical care of City Music Center participants.

Individual's Signature	Date:
Parent or Guardian's Signature: (if student is under age 18)	Date:
Printed Name of Individual:	
Insurance Company (if applicable):	Policy Number:

### PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK