

ST. THERESA STRING ORCHESTRA REGISTRATION 2015-2016

Name: _____ Email: _____

Instrument: _____ Years played: _____

Private Lessons: Yes No Teacher: _____

School attending: _____

Cell number: _____ Do you receive texts: Yes No

Parent's name: _____ Parent email: _____

Parent's phone: _____ Type: Cell phone Landline

Is the parent Virtus trained: Yes No Can you volunteer at events: Yes No

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during events with this group. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video, bulletin, etc . . .) in highlighting the group.

Signature _____
Date

RECORDING CONSENT/PROCEEDS WAIVER

As parent/guardian, I understand that the St. Theresa String Orchestra will make recordings during the year. I waive all rights to any proceeds from the sale of any such recordings and understand that all proceeds from any recordings will go to support the Music Program at St. Theresa Catholic Church.

Signature _____
Date