



Miracle Junior Wind Orchestra Consent Form

Registration only for children Gr. 4 to 10

STUDENT INFORMATION		
Last Name:	First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (YYYY / MM / DD)	Email:	Phone#
PARENT/GUARDIAN INFORMATION		
Last Name:	First Name:	Relationship to child:
CONSENT FOR USE OF PERSONAL INFORMATION		
<p>I, the parent/guardian of the participant, authorize the Miracle Junior Wind Orchestra to collect and use personal information about my child for the purpose of receiving communications from the Miracle Junior Wind Orchestra and SEA Mission Inc. I understand that I may withdraw such consent related to collection and disclosure of my child's personal at any time by contacting the Miracle Junior Wind Orchestra at info@wtcanada.org. <i>We do not sell or distribute your personal information to any third party not listed herein.</i></p>		
Signature of Parent or Legal Guardian: _____ Date: _____		

PHOTO / Video RELEASE

I give permission for use of my child's photo and video clip for newsletter, website or other purposes taken during MJWO classes, rehearsals or performances.

Yes, I authorize use of my child's photo and video clip for any reasons.

Signature of Parent or Legal Guardian: _____ Date: _____

Physical Interaction

I understand that learning to play an instrument is a physical activity, which may result in physical interaction between the student and teacher. The teacher may have to assist students in learning proper fingering positions on the instrument, but there will be no physical interactions outside of this purpose.

I understand the information above and by signing this agreement, I agree to allow physical interaction to occur between the MJWO instructors and my child for education purposes.

Signature of Parent or Legal Guardian: _____ Date: _____

Orchestra policies

*** Parents, please read the following policies with your child.**

Attendance

All orchestra members have to attend scheduled practices, rehearsals and performances.

Excused absences: If there is a personal illness or family emergency, it is considered as an excused absence.

Who to call: In case of personal illness or family emergency, the parent is required to contact the MJWO by email info@wtcanada.org or by Phone at 416-642-7051

If you are planning to miss a class or rehearsal for reasons other than illness or family emergency, a request must be submitted in writing to your conductor no later than 2 weeks before the missed practice or 10 days before the missed rehearsal. Musicians can miss **only one practice per month** and **one rehearsal per concert set** for a reason other than illness or family emergency.

Tardies

Three unexcused tardies per season will be counted as one unexcused absence. Conductor and registrar will determine if a tardy is unexcused.

Unexcused absence

Absence without calling the Attendance Phone or submitting an Absence Request Form is considered an unexcused absence.

Each member will be permitted only one unexcused absence per month(practice) or one absence(rehearsal) concert set.

*** Dismissal from the orchestra can result from violating the attendance policy.**

Code of Conduct

MJWO members must show courtesy, respect to the conductor, all staffs, and members as well as personal and orchestra Property.

- Be respectful, courteous and honest
- Do not disrupt practice and lessons
- Be punctual, polite and friendly
- Learn and play safely with others
- Do not use personal mobile electronic devices during practice and lessons.
- Follow orchestra plans and procedures

Musician Agreement and Parent/Guardian Consent

Acknowledgement, Release and Waiver Form

In consideration of acceptance and participation in the Miracle Junior Wind Orchestra, (hereinafter referred to as "MJWO") the parents or guardians do further consent and agree that neither they nor the undersigned, individually or as parent or guardian of a minor will ever institute any suit, action at law, or make any claim against MJWO, its agents, officers, directors, staffs and/or employees, for or by reason of any damage, loss or injury either to person or property or both, which the undersigned or their parents or guardians now have or hereafter shall have by reason of any matter, cause or thing arising out of participation in the MJWO.

In further consideration of the undersigned participation in the MJWO, the undersigned and their parents and/or guardians agree to indemnify and save harmless the MJWO, its officers, directors, agents, staffs and/or employees against any claim for damages, compensation or otherwise on the part of the undersigned or their heirs, executors, administrators or personal representatives, and to reimburse the MJWO for any loss, damages or costs, including reasonable attorney's fees that the MJWO may have to pay if any litigation arises on account of any claim made by or on behalf of the undersigned. The undersigned further grants to MJWO, its agents, officers, directors, staffs and/or employees full authorization to take such action as they deem necessary or appropriate to protect the health and safety of the undersigned, including at the sole discretion of the MJWO and the

undersigned sole expense, placing the undersigned under the care of a doctor or hospital at any place for examination and/or treatment.

I commit to prepare for and attend practices, rehearsals and concerts of the MJW Orchestra of which I am a member. I understand that violating the attendance policy and code of conduct is grounds for dismissal. Further, I will cooperate with my peers in the teamwork necessary to build an ensemble of the highest standards of musical accomplishment.

I have read and understand the above agreement and also the MJWO orchestra policies on page 2 of the registration package.

I understand that learning to play an instrument is a physical activity, which may result in physical interaction between the student and teacher. The teacher may have to assist students in learning proper fingering positions on the instrument, but there will be no physical interactions outside of this purpose.

I understand the information above and by signing this agreement, I agree to allow physical interaction to occur between the MJWO instructors and my child for education purposes.

Musician's Name (Last, First): _____

Signature of Student/Musician: _____ Date: _____

Parent's Name (Last, First): _____

Signature of Parent or Legal Guardian: _____ Date: _____

Financial scholarship application form

MONTHLY FAMILY INCOME INFORMATION (CONFIDENTIAL)

List the names of all household members who have income and their monthly earnings (before deductions).

#1

Name (last, first):

Age:

Monthly Earnings:

(Before Deductions)

#2

Name (last, first):

Age:

Monthly Earnings:

(Before Deductions)

Other Income

(Welfare, Child Support, Social Security, Alimony, Retirement, Unemployment, Food stamps, etc.)

1.

2.

3.

4.

TOTAL HOUSEHOLD MEMBERS: _____ TOTAL MONTHLY INCOME (Before Deductions) \$ _____

DECLARATION

- I understand that MJWO reserves the right to request additional supporting document(s) to verify the above-stated income.
- I understand that this information must be accurate and that the information is given for the single purpose of determining qualifications for awarding an MJWO Scholarship. Deliberate misrepresentation of the information may result in the denial of this request.

Musician's Name (Last, First): _____

Signature of Parent or Legal Guardian: _____ Date: _____

For office use only

Approved: _____ Full of Amount \$ _____ Amount of parent portion _____ Denied IRS

Staff Name: _____ Staff Signature: _____ Date: _____

INSTRUMENT RENTAL AGREEMENT

Please return the completed form to the MJWO directly with full payment or financial aid application form.

Instruments will not be distributed until registration is completed and payment and/or payment arrangements have been made with the MJWO.

Musician's Name (Last, First): _____

Instrument: _____ Brand: _____

Serial Number: _____ Value: _____

Accessories:

_____ Case _____ Neck Strap _____ Mouthpiece _____ Cleaning Rod _____ Extra:

Rental period & rental fee: ___ \$10/month or ___ \$90/season

Junior Orchestra Deposit fee - \$300/season with Driver License

* Cheque - **Do not write date on the check!**

* There is no payment plan for deposit.

* We will return the deposit on the last day of the season.

___ Cheque enclosed (payable to SEA Mission Inc) * **Please indicate "Deposit Fee" on the memo.**

___ I have included a completed financial aid scholarship application form.

Student agreement:

I intend to check out an instrument from Miracle Junior Wind Orchestra and agree to be responsible for giving it the best care.

Student signature _____ Date _____

Parent agreement:

I agree to be responsible for up to the value of the instrument (value: _____) for damage or loss resulting from accidents, neglect or failure to return the rental instrument.

I understand that I will be charged \$20 a month if the instrument is not returned by the end of the rental period above and this may impact my ability to rent instruments from Miracle Junior Wind Orchestra in the future.

I agree to return the instrument to Miracle Junior Wind Orchestra if payment is overdue.

Parent or Legal Guardian signature _____ Date _____

For office use only: amount _____ cheque # _____ Credit Card _____

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize SEA Mission INC. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **SEA Mission INC.** to charge my credit card
(full name)

account indicated below for _____. This payment is for **Music Instrument Rental Damage Deposit.**

Billing Address _____ Phone# _____

City, Province, Postal Code _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.