

MEMORIAL UNIVERSITY OF NEWFOUNDLAND FALL FLUTE FESTIVAL

APPLICATION FORM - FALL 2014

Participants over age 18, please complete Part 1 of this form. Participants under age 18, please complete Part 1, and have a parent or guardian complete Part 2.

PART 1 - TO BE COMPLETED FOR ALL APPLICANTS

First Name	Last Name	Age (if under 18)

Street Address

Street Address Line 2 (optional)

City	Province	Postal Code

All Flute Festival participants will be placed in a flute ensemble suitable to their level of development. Answering the questions below will help us place you in the ensemble that is right for you.

How long have you been playing the flute?

Do you take private lessons? Yes No If yes, who is your private teacher?

List any ensembles you perform with (eg, school band, NSYO, Gower Band, etc.)

Have you completed any exams on flute? (eg, RCM, Conservatory Canada) Yes No If yes, what grade/level?

I would like to take a flute / piccolo lesson (please check one).

Advanced registration for the Fall Flute Festival is \$25. Please mail your completed application form with a cheque for \$25 (\$50 if you are taking a private lesson) payable to Memorial University of Newfoundland.

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Memorial University of Newfoundland
 Box 28000
 St. John's, NL A1B4X9
 Canada

Walk-in registration on the day of the Flute Festival will be \$30. Participants registering on-site will not have the private lesson option available to them.

PART 2 - TO BE COMPLETED FOR APPLICANTS UNDER AGE 18

Grade in School	School	Band Director/Teacher

Parents/Guardians

Name	Home Phone	Work Phone	Cell Phone
Name	Home Phone	Work Phone	Cell Phone

Emergency and Medical Information

Student MCP Number	Expiry Date	Physician	Phone Number

Continued over the page

Emergency Contacts

Name

Relationship to student

Daytime Phone

Evening Phone

Name

Relationship to student

Daytime Phone

Evening Phone

Does your child have any physical or medical conditions (including behavioral) or are they taking any medication which might impact or create a hazard while participating in the Fall Flute Festival? If yes, please explain:

I give permission for Flute Festival Staff to give my child the following medications, if needed.

Tylenol

Advil

Cough Drops

Sudafed

Benadryl

Other (see below)

If you checked "Other", please provide name of medications not listed above that may be administered, including any prescription medication such as asthma or allergy medication. Prescription medication must be in original packaging which includes dosage.

Emergency Authorization

In the event that I or any of the emergency contacts cannot be reached, I hereby consent and give my permission to Memorial University of Newfoundland and/or the School of Music and the medical personnel selected by them to render such emergency medical diagnosis and treatment to my Child while attending the festival as is deemed necessary. Such authorization for emergency treatment shall also include, but is not be limited to, costs incurred for the provision of such aid and treatment that is medically necessary. I understand and acknowledge that these costs are my responsibility and I will assume financial responsibility for the cost of any specialized means and necessary medical care.

Waiver

I understand that the University assumes no responsibility for personal injury or loss or damage to my Child's personal property.

I agree to release and waive liability for all claims that I or my Child may have, or may in the future have, against Memorial University of Newfoundland and/or the School of Music, or any person(s), entities or organization(s) associated in any way with the festival, from any and all liability for any loss, damage, injury or expense that my Child may have suffered as a result of his/her participation or presence at the festival, due to any cause whatsoever.

I declare that I, the undersigned, am legally authorized to sign this Consent/Waiver Form and hereby give my full consent for my Child to participate in the activities and conditions cited above, I have read, understood and agree to the contents of this CONSENT/WAIVER FORM in its entirety and I sign it freely and voluntarily without any inducement.

Signature of Parents/Guardians

Date

Witness Signature

Date

The information collected on this form by the School of Music 2014 Flute Festival is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is used for the purposes of program administration and in emergency situations. Questions about this collection and use of personal information may be directed to the School of Music at 709-864-7486.