



2022-2023 REGISTRATION

Child's Name: _____ Age: _____

Grade: _____ School: _____

Parent or Guardian's Name: _____

Parent or Guardian's email: _____

Phone: Cell _____ Home _____

Emergency Contact Name: _____

Emergency Contact Number: _____

MUSICAL EXPERIENCE

Instrument: _____ Sing: YES NO (circle one) Has your
child taken lessons? YES NO (circle one)

Music Teacher's name _____

Length of time: _____



EMERGENCY CONTACTS AND MEDICAL AWARENESS

Everyone over 12 years old must be vaccinated to play in a band.

My child has received the Covid Vaccine: (please circle) YES NO

My child has the following allergies and should not be given: (circle all that apply) Peanut Shellfish Gluten Other _____

My child takes the following medications and in case of emergency this information should be shared with a health professional:

_____ In an emergency and I cannot be reached, please notify the following in this order: 1.

Name: _____ Relationship: _____
_____ Phone: _____ 2. Name:

_____ Relationship: _____ Phone: _____

I give permission to Mustang Outreach Program to call 911 and have my child transported by ambulance if necessary to the Outer Banks Hospital (please circle) YES NO

CHILD'S NAME: _____

GUARDIAN'S NAME: _____

SIGNATURE: _____

DATE: _____

PHOTOGRAPH AND VIDEO WAIVER

Pictures and/or videos may be taken during band sessions and at events where the children are performing livened representing Mustang Outreach Program.

These photographs and/or videos may be used for Mustang Outreach Program website, press releases, social media or publications.

Please check the appropriate box and sign and date this form for our files.

I **GIVE** permission for my child's picture to be used for the purposes stated above

I **DO NOT GIVE** permission for my child's picture to be used for the purposes stated above

CHILD'S NAME:

_____ GUARDIAN'S

NAME: _____

SIGNATURE: _____

DATE: _____