

Mountain Area Chamber Music Festival

Nurturing artistic excellence in young musicians across the front range.

June 23-30, 2019

REGISTRATION FORM

Musician's Name:

Parent's Name:

Address:

Phone Number:

Email Address:

Instrument:

Private Teacher:

Years Studying Music:

School:

Grade Level (Fall 2019):

Chamber Music Experience, if any:

Repertoire are you presenting for the audition:





PHOTO RELEASE FORM

I hereby grant permission to the Mountain Area Chamber Music Festival to use photographs and/or video of me/my child taken during the festival (June 23-29, 2019) in publications, news releases, online, and in other communications related to the mission of the Mountain Area Chamber Music Festival.

(Printed Name)

(Signature of Adult, or Guardian of Children under age 18)

Email Address (optional) _____

Thank you!

DRIVER SPECIFICATIONS FOR PARENTS/STAFF/STUDENT DRIVERS

(Reference JJH-E-3)

This authorization is for driving student participants to masterclasses, concerts, or other events or activities by a private vehicle. **(The district does not insure privately owned vehicles.)**

Any licensed driver may be authorized to drive participating students to scheduled activities provided the conditions outlined below are met:

- 1. The vehicle being driven will be in good working condition.
- 2. All students must wear seat belts.
- 3. The vehicle has liability insurance coverage which meets the minimum standards of the Colorado Financial Responsibility Law.
- 4. The driver is at least 17 years of age or older.
- 5. The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.
- 6. Under 18 years of age, and driving less than 6 months, there will be no one under the age of 21 as a passenger.
- 7. Under 18 years of age, and driving less than one year and more than 6 months, there will be only one passenger under the age of 21.
 - 1. Does not apply to a driver’s immediate family.
- 8. **You cannot drive a vehicle carrying more than one passenger under age 21, unless you have held your driver license for at least one year.**

The insurance company providing coverage for my vehicle is:

Insurance Company Name	Policy #
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I verify that the conditions outlined will be met by the vehicle used on this student travel experience.

Driver’s Name	Driver’s DOB	Driver’s License Number
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Date License Issued	Driver’s Signature
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I understand the driver specifications and restrictions from District Policy JJH-E-3. I am aware that my student may be riding to activities with an authorized driver who has a valid driver's license and is operating an automobile which is insured and in good working condition.

Parent Signature/Date



Summer Camp 2018

Release Form

2959 Royale Elk Way
Evergreen, CO 80439
303-670-1070
www.rmae.org

Medical Release

Pursuant to Colorado Civil Code, the undersigned does hereby authorize Rocky Mountain Academy of Evergreen personnel or such substitute as may be designated as agent for the undersigned to consent to x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for:

Name of Child Participant

Which is deemed advisable by and to be rendered under general or specific supervision of any physician and surgeon licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dentist Practice Act, whether such diagnosis or treatment is rendered at the office or said physician or dentist, at a hospital or elsewhere. The authorization will remain in effect while the above minor is in route to or from or involved or participating in the RMAE Summer Camp program, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Parent/Guardian Signature:

Date:

Sunscreen Release

I hereby request and give permission to Rocky Mountain Academy of Evergreen to allow my child to utilize the sunscreen lotion that I have provided.

Photo Release

I hereby give full consent to Rocky Mountain Academy of Evergreen to copyright or publish photographs or videos taken by them during camp participation in which my child appears. I agree that Rocky Mountain Academy of Evergreen may use such materials for promotional public display or publication.

Immunization Release

I give permission to Rocky Mountain Academy of Evergreen to access my child's immunization records which are on file at their school.

Parent/Guardian Signature for all releases listed above:

Date:
