

Mariachi For All



Capistrano Community Mariachi Program

Enrollment Application

Date (MONTH/DAY/YEAR): _____

NAME OF STUDENT: _____

NOMBRE DEL ESTUDIANTE:

ADDRESS: _____

DOMICILIO:

APT #

CITY

STATE

ZIP

AGE: _____ **DATE OF BIRTH:** _____ **GRADE:** _____

EDAD:

FECHA DE NACIMIENTO:

GRADO:

SCHOOL: _____

NOMBRE DE ESCUELA:

PARENT(S)/GUARDIANS NAME AND PHONE NUMBERS:

NOMBRE DE PADRES Y TELEFONO

MOTHER: _____ **CELL PHONE:** _() - _____

MADRE

CELULAR:

HOME NUMBER :_() - _____

TELEFONO DE CASA:

FATHER: _____ **CELL PHONE:** _() - _____

PADRE

CELULAR:

HOME NUMBER :_() - _____

TELEFONO DE CASA:

EMAIL ADRESSESS

CORREOS ELECTRONICOS

STUDENT: _____

ESTUDIANTE

MOTHER: _____

MADRE

FATHER: _____

PADRE

In case of emergency please contact: _____ **Phone:** () - _____

EN CASO DE EMERGENCIA CONTACTA A:

TELEFONO:

RELATIONSHIP: _____

PARENTESCO AL ESTUDIANTE:

Medical Questions:

Are there any health conditions we should know about? _____ If yes, please explain below:

HAY CONDICIONES DE SALUD QUE DEBEMOS SABER?

SI? EXPLICA:

Physician: _____ **Dr.'s Phone Number:** _() - _____

DOCTOR:

TELEFONO DEL DOCTOR:

Doctor

Teléfono del doctor

Health Insurance Provider _____ **Policy/Group #** _____

Nombre de la seguridad medica

Número de la póliza

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CITY

STATE

ZIP

AGE: _____ **DATE OF BIRTH:** _____

EDAD: _____ *FECHA DE NACIMIENTO:*

PARENT(S)/GUARDIANS NAME AND PHONE NUMBERS:

NOMBRE DE PADRES Y TELEFONO

MOTHER: _____ **CELL PHONE:** (____) _____ - _____

MADRE _____ *CELULAR:*

FATHER: _____ **CELL PHONE:** (____) _____ - _____

PADRE _____ *CELULAR:*

Photo Release

Participants of Mariachi For All CCMP have a possibility of being video taped, interviewed, photographed or filmed for various purposes. Signing this consent allows the CCMP the use of said materials for printed publication, websites, video presentations, professional journals, teaching materials, public relations and publicity (newspaper, radio, or television).

I hereby allow Mariachi For All CCMP to photograph, film, or interview myself, _____ and/or my child, _____ and acknowledge that this material may be used for the above mentioned reasons. I also agree that all photographic and video materials shall remain the property of Mariachi For All CCMP.

I have read and understand the above

STUDENT SIGNATURE (if over the age of 18): _____

PARENT/GUARDIAN'S SIGNATURE (if under age 18): _____

Date (MONTH/DAY/YEAR): _____

Medical Release and Assumption of Risk Form

I, _____ the undersigned, and/or my child, (name of student if underage) _____ will participate in activities located at: JSerra Catholic High School 26351 Junipero Serra Road, San Juan Capistrano, California, with Mariachi For All Capistrano Community Mariachi Program (CCMP). I fully understand that there are risks and dangers associated with participation in these classes. These risks are not limited to bodily injury and/or personal property damage. I will not hold responsible any owners, directors, agents, employees, coaches, assistants, volunteers or any persons associated with CCMP or JSerra Catholic High School in the event of any said injury or personal property damage. I agree that this medical release and assumption of risk statement covers every event or activity held by CCMP at the JSerra Catholic High School location and/or at any other location associated with a CCMP presentation or event. I also acknowledge JSerra Catholic High School is not affiliated in any way to CCMP.

I have read and understand the above

STUDENT SIGNATURE (if over the age of 18): _____

PARENT/GUARDIAN'S SIGNATURE (if under age 18): _____

Date (MONTH/DAY/YEAR): _____