



Harmony for Renfrew County Registration Form

Student Information:

First name: _____ Last name: _____
 Age: _____ Birth Date (D/M/Y): _____ Postal Code: _____
 School: _____ Grade: _____
 Student E-mail: _____
 Student Home Phone: (613) _____ Alternate Phone: (613) _____

Please answer the following questions-

Which Program are you interested in? _____

Which location would you prefer? Petawawa Pembroke

1. How did you hear about the Harmony music program?

- A Friend told me School Read about it in the paper
 Heard it on the radio Community flyer Other _____

2. Do you have any prior musical instrument experience?

- NO- ✓ and skip to question #3 or YES- ✓ and complete the chart below

What instrument(s) can you play?	In your opinion how well can you play?	Can you read music?	How did you learn to play?
	<input type="checkbox"/> Not well <input type="checkbox"/> I play well , I know a few songs, some chords <input type="checkbox"/> I play very well, I know many songs, know chords/scales	<input type="checkbox"/> I can't read music at all <input type="checkbox"/> I know basics of reading music (FACE etc) <input type="checkbox"/> I read music very well and can play while sight reading	<input type="checkbox"/> At School (Music Class) <input type="checkbox"/> Private Lessons (paid) <input type="checkbox"/> Self-Taught <input type="checkbox"/> Someone showed me <input type="checkbox"/> Other _____
	<input type="checkbox"/> Not well <input type="checkbox"/> I play well , I know a few songs, some chords <input type="checkbox"/> I play very well, I know many songs, know chords/scales	<input type="checkbox"/> I can't read music at all <input type="checkbox"/> I know basics of reading music (FACE etc) <input type="checkbox"/> I read music very well and can play while sight reading	<input type="checkbox"/> At School (Music Class) <input type="checkbox"/> Private Lessons (paid) <input type="checkbox"/> Self-Taught <input type="checkbox"/> Someone showed me <input type="checkbox"/> Other _____





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Do you have any prior Theatre experience? Yes No

If so what productions/classes/related experiences have you participated?

Parent/Guardian Information:

1. Parent/Guardian Name(s): _____

Address _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Parent E-mail: _____

2. Parent/Guardian Name(s): _____

Address _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Parent E-mail: _____

3. Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Please list any health concerns, allergies or medical conditions that Harmony should be aware of:





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***Parental Consent (mandatory):**

I give permission for my child to participate in the Harmony program.

Parent/Guardian Signature: _____ Date: _____

Parental Media Consent (optional):

I give permission for my child to appear in the media in association with the Harmony program.

Parent/Guardian Signature: _____ Date: _____

Contract for Youth Participating in Harmony for Renfrew County

I _____ have read the above youth expectations for the *Harmony for Renfrew County* Program. I understand that I am held responsible for my actions and I agree to take full responsibility. I also understand and accept that there is a zero-tolerance for bullying. I understand that if I engage in any type of bullying that I will be ejected from the program and another student will take my place. I understand that if I wilfully damage my instrument or any other equipment that I will be responsible for replacing that equipment. Most importantly, I agree to practice hard, have fun, rock out and rock on.

Student Signature

Date

Parent Signature

Date

- If transportation is an issue please speak to staff and special arrangements can be made.

