



REQUIRED SIGNATURE FORMS

1. MEDICAL RELEASE INFORMATION

As the parent or legal guardian, I hereby give consent to Sycamore Strings Academy to provide all emergency dental or medical care prescribed by a duly licensed physician or dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I accept the expense of any medical treatment. Please list here any special medications or allergies your child might have.

Signature Relationship Date

2. STUDENT & PARENT BEHAVIOR GUIDELINES

Every parent and child enrolled at Sycamore Strings Academy will be required to sign our Behavior Guidelines. The behavioral expectations include the following.

Students will be expected to

- Respect your instructor, using appropriate language and addressing him/her with regard
- Respect others, keeping hands to oneself and waiting one's turn
- Pay attention
- Keep instrument quiet while the teacher is instructing or when it is not the child's turn
- Use bathroom during break times and only for its intended use
- Respect the property of all teaching and performance facilities
- Clean up after oneself and remain in designated areas only
- Refrain from eating, drinking or chewing gum during lessons or performances
- Keep cell phones and other electronic devices turned off during lessons or performances

Parents will be expected to:

- Support and reinforce the above expectations and cooperate with all staff members
- Be responsible for the child's behavior and all accompanying siblings
- Refrain from talking during the lesson time
- Refrain from eating or drinking during lessons or performances
- Keep cell phones and other electronic devices turned off during lessons or performances

Each student will be given two verbal warnings before being removed from a class. Repeat offenders may be asked to leave the program following their second written notice from Sycamore Strings Academy regarding a behavior infraction.

Parent's Signature Student's Signature

3. PHOTO RELEASE

I hereby authorize and consent to the use of my child's visual image by Sycamore Strings Academy for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

(Check One)

Yes

No

Parent's Signature

4. POLICY AGREEMENT

I have read, understood, and agreed to abide by the policies detailed on all pages at the Sycamore Strings Academy website: www.sycamorestringsacademy.com.

Parent's Signature Date

For office use – Date for registration _____