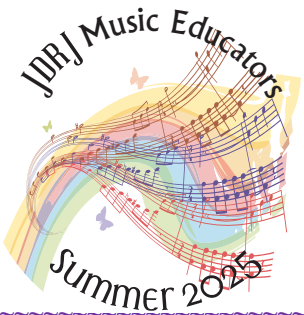

JDRJ Music Educators

Classical Music Summer Workshop

Mailing address: P. O. Box 23127 • Ft. Lauderdale, FL 33307

Email: JDRJMusicEducators@gmail.com

Jennifer Rudzinski --- 954-232-2883 Dawn Janosik --- 954-770-0512

REGISTRATION

Early Tuition $495 ($295 due May 9 - $200 Balance by June 1) (Late Registration $555)

Check, Money Order or Cash. No credit cards

All monies are non refundable ----Make check payable to JDRJ Music Educators

We will help you fill out any forms needed for the STEP UP Program

Student Name _____ Girl / Boy

Date of Birth _____/_____/_____ Current Age _____

School Grade in September _____ Name of school _____

Parent/Guardian Name _____

Cell Phone # _____ Emergency # _____

Address _____City _____ Zip _____

Email Address **PLEASE PRINT CLEARLY**: We use this to communicate with you – please be sure to check it regularly

_____

One T-shirt is included with tuition. Size: **Youth:** ___Small ___Medium ___Large **Adult:** ___Small ___Medium ___Large ___XL

Additional T-shirts @ $15 each Quantity: **Youth:** ___Small ___Medium ___Large **Adult:** ___Small ___Medium ___Large ___XL

Instrument played by student **(mark one):** _____String Bass _____Cello _____ Drum _____Flute _____Viola _____Violin

Student has studied their instrument for: _____ Years _____ Months Never played before _____

What piece is the student practicing now? _____

Name and number of the book the student is playing from: _____

Name of student's private teacher: _____ Teacher's Phone # _____

EMERGENCY TREATMENT RELEASE

I, _____, the parent or guardian of _____

Residing at above address. Hereby give permission for my child to receive any medical treatment deemed necessary in the event of a medical emergency while participating in the Classical Music Summer Workshop from June 9 - June 20, 2025.

_____. _____. _____

Signature of Parent or Guardian Print Name Date

Allergies: _____

Medical Notes: _____

Medical Insurance Name and Plan Number _____ _____

Dr. Name: _____Telephone_____

LIABILITY & MEDIA RELEASE

The undersigned is the parent/guardian of a child attending CMSW. By signing this form, I agree to hold JDRJ Music Educators, and The Church of Oakland Park harmless for any casualty, calamity or negligence that might be encountered during this time. I hereby agree that I, my child, my assignees, heirs, guardians and legal representatives, will not make a claim against the organizations staff, officers or directors collectively or individually, or any of the volunteer workers, for the injury of my child, or damage to his/her property sustained in connection to Classical Music Summer Workshop. I understand that every precaution will be taken to ensure the safety and well-being of my child. Therefore I assume the risk in order that my child, gain the benefit by his/her participation in this workshop. Further, if in the event that I bring an action against JDRJ Music Educators, or their insurance companies, I pledge to bring it through the arbitration process first and to choose Broward County, Florida for venue. By signing my child(ren) to this workshop, I (we) consent to having my child(ren) photographed and used in any verbal or print media.

_____ _____

Signature of Parent or Guardian Print Name Date

You may Email forms to JDRJMusicEducators@gmail.com and payment to P. O. Box 23127 Ft. Lauderdale 33307

DO NOT WRITE BELOW ≈≈≈ OFFICE USE ONLY

Date forms received _____ Deposit $295_____ Paid in Full $495 _____

Late Registration $555

Date Money Received _____ Amount Paid _____ *NO CREDIT CARDS*

_____ Cash _____ Check # _____ _____ Money Order # _____

BALANCE DUE _____ By June 1

Date Money Received _____ Amount Paid _____ *NO CREDIT CARDS*

_____ Cash _____ Check # _____ _____ Money Order # _____

BALANCE DUE _____ By June 1

Date Money Received _____ Amount Paid _____ *NO CREDIT CARDS*

_____ Cash _____ Check # _____ _____ Money Order # _____

Student placed in: _____*FLUTE* _____ *DRUM*

_____*ALPHA* _____ *OMEGA* _____*INTERMEDIATE* _____*ADVANCED* _____ *HONORS*

Whose Violin Ensemble Group: _____

Notes _____

_____