

Please mail back or drop off at:

Two Bridges Neighborhood Council
275 Cherry St
New York, NY 10002

Or scan and email to: music@twobridges.org



22 Week Spring 2020 Lessons (Jan 6 - Jun 28, 2020)

Student name: _____

Parent / Guardian name (if under 18): _____

- Sibling discount (5% off private lessons if registering more than one child)

Registering for (please write in lesson type or select):

<ul style="list-style-type: none">• 30 min private lessons in: _____• 45 min private lessons in: _____• 60 min private lessons in: _____• ABRSM/Aural Skills Class: <input type="checkbox"/>• Composition Group Class on Wednesdays: <input type="checkbox"/>• Vocal Ensemble on Fridays: <input type="checkbox"/>

Two Bridges Music Program Policy Agreement (Spring 2020)



1. Cancellation and Make-Up Policy:

Private Lessons Cancellation Policy: One private lesson absence per student and per semester will be made up provided that the instructor receives a minimum of 24 hours notice and the cancellation is due to illness or other similar good cause. Make-up lessons will be scheduled on an alternative day or during break periods. Additional missed lessons are not made up and no refund is given. Private lessons canceled by the instructor will be made up at another mutually convenient day and time during the semester. If a make-up lesson due to teacher absence cannot be scheduled, then a credit will be issued.

Group Classes Cancellation Policy: Teachers will make homework assignments available via e-mail to parents and students for missed group lessons. Refunds or make-up classes are not available for missed group lessons under any circumstances. All missed group lessons due to teacher absence will be offered as a make-up on an alternative day or during break periods. If a make-up lesson time for a group class due to teacher absence is not offered, then a credit will be issued.

2. Running around is absolutely prohibited in 80 Rutgers Slip, as the music program operates inside a senior resident building. Any accident caused by a student running inside the building may carry legal consequences.

3. Students are expected to review and practice materials covered in each lesson. Improvement and self-confidence are built through regular attendance, careful listening, and intelligent practice.

4. Students should respect property of Two Bridges Music and be responsible of themselves. Deliberate destruction or removal of piano, facility, or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the student and/or parents/guardians. The same applies to the property and personal items of other students.

5. Students should treat the teacher and themselves with respect. Aggressive, abusive, vulgar or violent language and behavior towards others (e.g. threats, insults, fighting, discrimination, etc.) are not permitted.

6. Bicycles are not allowed inside 80 Rutgers Slip. Please plan using other modes of transportation, or securely lock your bicycles outside of the building.

7. Animals and pets are not allowed at Two Bridges Music unless needed to accommodate a disability.

Signatures (both signatures are required for students under 18 years of age)

I have read and accept Two Bridges Music program agreement and lesson cancellation policy.

Student Signature_____ Date_____

Parent Signature_____ Date_____

STUDENT INFORMATION

Name of Student: _____, _____, _____
Last First MI

Date of Birth: ___/___/___ Class: _____ Sex: (Circle One) Male Female

Home Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Primary Language of Student: _____
(If Chinese, please note Mandarin, Cantonese or both)

PARENT OR LEGAL GUARDIAN INFORMATION

Name of Parent or Legal Guardian: _____, _____, _____
Last First MI

Relationship to Student: _____

Home Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Primary Language of Parent or Legal Guardian: _____
(If Chinese, please note Mandarin, Cantonese or both)

Day Phone: (____) (____) Cell Phone: (____) (____) Other: (____) (____)

Email Address: _____

Emergency Contact Information:

Day Phone: (____) (____) Cell Phone: (____) (____) Other: (____) (____)

Relationship to Student: _____

**TWO BRIDGES NEIGHBORHOOD COUNCIL,
INC.**

Parental Consent, Release, Indemnification and Hold Harmless Agreement

Please Read Carefully Before Signing

Child's Name: _____
Last Name *First Name*

Address: _____
Number *Street* *Apartment*

City *State* *Zip Code*

Telephone: _____
Phone (Day) *Phone (Evening)* *Emergency Phone*

Child's Information: _____
Age *Date of Birth*

The undersigned parent/guardian of _____, a minor hereby give permission for the child to participate in the Two Bridges Neighborhood Council, Inc.'s ("TBNC") Music Program and agree the child will comply with all the rules applicable of the Music Program. In giving consent, I realize that every reasonable precaution is taken to reduce the risk of injury as a result of participation in the Music Program. I agree that in the event of an injury or illness, a TBNC staff member may act on my behalf to obtain medical treatment for the child. In giving consent, I hereby agree to waive, release, hold harmless, and defend TBNC; Two Bridgeset Associates, LP; Two Bridgeset Towers, Inc.; Two Bridges-Settlement Housing Corporation; 2BT Housing Development Fund Corporation; and Settlement Housing Fund, Inc. and all of their owners, partners, affiliates, shareholders, members, officers, directors, employees; independent contractors; and volunteers from any liability for damages for personal injury to the child which may arise in connection with the TBNC Music Program.

I HAVE CAREFULLY READ THIS CONSENT, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND AGREE TO AND UNDERSTAND ITS TERMS AND CONTENT. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN OF MY OWN FREE WILL.

Signature of Parent/Guardian

Date

TWO BRIDGES NEIGHBORHOOD COUNCIL, INC.

MEDICAL CARE

This form grants temporary authority to a designated adult to provide and arrange for MEDICAL CARE for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

For Trips: This form should be given to a trip leader or shown to a trip leader and then carried by an authorized designated adult.

Child's Full Legal Name: _____

Home Address: _____

Date of Birth: ____ / ____ / ____ /- Gender (please circle): Female Male Other

Physician's Name and Location of Practice: _____

Physician's Phone Number: (_____) _____

Medical Insurer/Health Plan: _____ Policy#: _____

Allergies to Medications/Food: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

I hereby agree to waive, release, hold harmless, and defend TBNC; Two Bridgeset Associates, LP; Two Bridgeset Towers, Inc.; Two Bridges-Settlement Housing Corporation; 2BT Housing Development Fund Corporation; and Settlement Housing Fund, Inc. and all of their owners, partners, affiliates, shareholders, members, officers, directors, employees; independent contractors; and volunteers from any liability for damages for personal injury to the child which may arise in connection with such medical care.

Signature of Parent or Guardian

Date:

**TWO BRIDGES NEIGHBORHOOD COUNCIL,
INC**

**GENERAL FIRST AID AUTHORIZATION AND CONSENT
OF PARENT(S) OR LEGAL GUARDIAN(S)**

The undersigned parent/guardian of _____, a minor hereby grant my authorization and consent for Two Bridges staff (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor.

If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I hereby agree to waive, release, hold harmless, and defend TBNC; Two Bridgeset Associates, LP; Two Bridgeset Towers, Inc.; Two Bridges-Settlement Housing Corporation; 2BT Housing Development Fund Corporation; and Settlement Housing Fund, Inc. and all of their owners, partners, affiliates, shareholders, members, officers, directors, employees; independent contractors; and volunteers from any liability for damages for personal injury to the child which may arise in connection with such first aid treatment.

Date: _____

Parent/ Guardian Name: _____ *Signature:* _____

Witness Name: _____ *Signature:* _____

TWO BRIDGES NEIGHBORHOOD COUNCIL, INC.

CONSENT FOR USE OF VISUAL IMAGE

Date: _____

I hereby irrevocably consent to the unrestricted use and reproduction, without my prior review, for any purpose, including publicity, and in any form or format whatsoever and in an unlimited number in perpetuity by Two Bridges Neighborhood Council, without compensation, of any and all of the photographs (in whole or in part, whether used solely or in combination with other images, in original or altered form) which Two Bridges Neighborhood Council or its licensees, or their employees or agents have taken of me, or in which I may be included. These permitted uses include but are not limited to intranet, internet, television, video, radio, and other visual media. I grant and convey to Two Bridges Neighborhood Council all rights and interests to the photographs, including but not limited to, the right to copyright, use, alter, and publish. I hereby waive any rights to approve or inspect the manner of usage of any photographs of me.

In giving consent, I hereby agree to waive, release, hold harmless, and defend TBNC; Two Bridgeset Associates, LP; Two Bridgeset Towers, Inc.; Two Bridges-Settlement Housing Corporation; 2BT Housing Development Fund Corporation; and Settlement Housing Fund, Inc. and all of their owners, partners, affiliates, shareholders, members, officers, directors, employees; independent contractors; and the photographer and volunteers from any and all liability, damages, claims and demands arising out of or in connection with use of the images, including but not limited to any and all libel, or actions relating to violation of personal privacy or unauthorized use of a personal image, and waive any claims related thereto. I understand that none of Two Bridges Neighborhood Council or its licensees or affiliates is responsible for the content of any third-party media coverage.

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: (____)- (____)

Signature: _____

If under 18, parent/guardian full name: _____

Parent/Guardian Signature: _____

Witness: _____

TWO BRIDGES NEIGHBORHOOD COUNCIL, INC

TAKE-HOME AUTHORIZATION

NAME(S) OF INDIVIDUAL(S) AUTHORIZED TO PICK UP CHILD IN PLACE OF PARENT OR GUARDIAN:

Any one of the authorized individuals listed below may transport the student home if the Parent or Legal Guardian identified above will not be able at pick-up to sign the student out of the program.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

- *If you are late for pick-up, we will attempt to reach you by phone/cell.*
- *If you are not reachable, we will call either of the authorized individuals list above.*
- *Failure of attempts to reach you or authorized individual, authorities will be called to ensure safety of the child.*

Signature of Parent or Guardian: _____ ***Date:*** _____

IS THE CHILD AUTHORIZED TO SIGN HIM/HERSELF OUT (DO NOT LEAVE BLANK)?

Yes

No

Parent/Guardian: _____

Signature: _____