

# Community Center for the Arts (C4A)

## Adult Group Music Class Registration

### Student Information

Name \_\_\_\_\_

Name of Group Class \_\_\_\_\_

Session Dates Attended \_\_\_\_\_

Home phone \_\_\_\_\_

Other phone (cell, work, etc) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

(Circle one) I check e-mail    every day    a few times a week    not often

Emergency contact: *please print clearly!!*

\_\_\_\_\_

Any medical concerns or special needs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue on next page

**Adult Music Group Classes  
Participant's Indemnity Agreement**

- 1) I, the undersigned, am over 18 years of age or I am the parent or legal guardian of the student named below. The use of the words "me" and "my" below are understood to include the named student, my guests, and myself.
  
- 2) My image may be used, without compensation or further permission, on materials for promotion of the Community Center for the Arts. This permission is only for the use of images, and does not extend to sale or publication of name, address, or any other personal information without my further consent.
  
- 3) I voluntarily indemnify and hold harmless the Community Center for the Arts and its officers, employees, and agents against any and all claims for injury, liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in this class.

By signing below, I agree to all of the provisions listed above.

Student's  
name\_\_\_\_\_

Print name of Parent/Guardian if student under age 18:

\_\_\_\_\_

Signature of  
Adult student or  
Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

Please send completed application to the address below:

Community Center for the Arts  
201 Lincoln Square  
Urbana, IL 61801

Please make checks payable to C4A. Please note student's name in the memo space.