



Missouri State
UNIVERSITY

String Project Enrollment Form

Both pages of this enrollment form must be completed by the student's parent or legal guardian and submitted to string project staff or Dr. David Hays before the student will be permitted to participate in the current term of the String Project.

Student Information

Name

Age

Grade in school

School

Please describe student's musical experience (if any)

Other relevant information (e.g., allergies, etc.)

Parent / Legal Guardian Information

Name

Daytime phone

Evening phone

Cell phone

Email

Residence address



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Additional Individuals Authorized to Sign In and Sign Out Student

Only individuals listed here or otherwise identified to the teacher in writing by the parent/legal guardian will be permitted to sign in or sign out the above listed student.

Name	Phone
Name	Phone
Name	Phone
Name	Phone
Name	Phone
Name	Phone

I understand that my child will be enrolled in the Missouri State University String Project, to take place at Juanita K. Hammons Hall approximately once each week. I have received, read, and understand the Missouri State University String Project Policy Statement, and I agree that I and the above listed student will comply with all parts of the Policy Statement as well as the teachers' instructions.

In the event of an emergency, I authorize Missouri State University and the teachers in the String Project to seek medical care for my student which may include, but not be limited to, administering over the counter medications or transporting the student to a hospital. I accept responsibility for all costs associated with such medical care.

Signature

Date