

# City Music Center of Duquesne University – Registration Form

Date \_\_\_\_\_ Year \_\_\_\_\_

Student's Name \_\_\_\_\_

Age	Grade (as of Sept. 1)	YES / NO Continuing Student
_____	_____	_____

Continuing families may skip to page 2 provided no information has changed

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about City Music Center? \_\_\_\_\_

OPTIONAL (circle one)

**Ethnicity:** American Indian, Alaska Native, Asian, African American, Hispanic/Latino, Multi-racial/Native Hawaiian/Pacific Islander, Caucasian, Other

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New students should consult with program director Chris Bromley to design a program and schedule to fit each student's needs. After your consultation, please fill out the information below. Returning students who have questions should feel free to contact the program director as well. A full listing of offerings may be found at [cmcpgh.org](http://cmcpgh.org).

What is the student's desired concentration?

**Performance** (included core classes listed below)

Applied private lesson

**Eurhythmics (grade 6 and below) or Music History (Circle one)**

Musicianship

**Ensemble (List one)** \_\_\_\_\_

Performance Class

**Music Technology** (grades 9-12, included core classes listed below)

Applied private or group lesson (Circle one)

Audio

Music Technology

**Audio Elective, Tech Elective or Performance Class (Circle one)**

Musicianship **In-class or online? (Circle one)**

What instrument will this student play? \_\_\_\_\_

Who is their recommended teacher? \_\_\_\_\_

What is the agreed upon length of applied lessons?

20 minutes     30 minutes     45 minutes     60 minutes     Group

Will this student be participating in any electives above and beyond their core curriculum?

_____	_____
_____	_____
_____	_____

# City Music Center of Duquesne University – Registration Form

Once your registration has been received and processed, CMC Business Manager Roberta Erickson will be in touch with your total tuition and payment instructions. A full listing of tuition and fees may be found at [cmcpgh.org](http://cmcpgh.org)

## PAYMENT OPTIONS

**Payment type**      \_\_\_ check      \_\_\_ e-check      \_\_\_ online credit (MC or Discover)  
**Frequency**        \_\_\_ in full      \_\_\_ semester      \_\_\_ monthly (Sept-April)

Fees for all registrations after week one (1) will be prorated. Payments may be made in person via check or online by e-Check or Credit Card. Visit [www.duq.edu/cmc](http://www.duq.edu/cmc) to access payment site. Students may not begin classes or lessons until registration is complete and payment arrangements have been made.

Private lessons that are cancelled by the teacher will be made up at a time agreed upon by both parties. Teachers are under no obligation to make up lessons cancelled by students, and such cancellations will not result in any type of adjustment of tuition.

Withdrawal from the Performance Track, Technology Track in years two or three, or individual electives will result in full refund less a prorated amount for weeks attended and a \$50.00 processing fee. Withdrawal from the Technology Track in a student's first year will result in a full refund less a prorated amount for weeks attended, the actual cost of the student's iPad and a \$50.00 processing fee.

## PARENT'S/GUARDIAN'S SIGNATURE

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City Music Center of  
Duquesne University  
Mary Pappert School of Music  
Pittsburgh, PA 15282-1800  
412.396.5872  
[cmc@duq.edu](mailto:cmc@duq.edu)  
[www.duq.edu/cmc](http://www.duq.edu/cmc)

**Christopher Bromley**  
Director

**Natasha Snitkovsky**  
Artistic Director

**Roberta K. Erickson**  
Business Manager

Funding in support of our program has been provided by the Anna L. and Benjamin Perlow Fund of The Pittsburgh Foundation.

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## RELEASE & HOLD HARMLESS AGREEMENT

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 2012 intending to be legally bound hereby, and in consideration for the opportunity to participate as a student in Duquesne University City Music Center Programs. I \_\_\_\_\_, acknowledge that I understand and accept the risks of participating in this activity, including the risk of bodily injury to myself or others. I, for myself, my heirs and legal representatives agree to release, indemnify and hold harmless Duquesne University and all of its officers, administrators, agents and employees from any and all liability for any injury or loss and all claims, demands and actions at law or in equity that may hereafter at any time be brought by me, or anyone acting on my behalf, for the purpose of enforcing a claim for damages because of any injury (including death) or damage to me resulting from or in any way related to my participation in the aforesaid activity.

I hereby acknowledge and agree that in the event of an injury to me, I will apply my own medical, hospitalization and/or accident insurance toward the payment of any and all expenses incurred and will not look to Duquesne University for the payment of any medical or injury related expenses.

Further, I hereby grant permission to the City Music Center to use photographs or audio/video of classes, lessons or other activities in which I might appear and to publish royalty-free and without liability such images in the City Music Center program print, audio or electronic promotional materials, including its website.

**I HAVE READ THE ABOVE RELEASE AND HOLD HARMLESS AGREEMENT, I UNDERSTAND THE SAME, AND I AGREE TO BE LEGALLY BOUND BY ALL OF THE TERMS STATED THEREIN.**

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Printed Name of Parent or Guardian (if student is under age 18)

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Signature of Parent or Guardian

# City Music Center of Duquesne University – Registration Form

## Emergency Medical Care Authorization

I authorize Duquesne University, through its representatives, to secure emergency medical care, hospitalization or surgical treatment or dental treatment for me during my participation in a Duquesne University City Music Center program.

In the event of a medical emergency, Duquesne University, through its representatives, will make every effort to reach the person or persons designated below:

### FIRST EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (day): \_\_\_\_\_

Telephone (evening): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### SECOND EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (day): \_\_\_\_\_

Telephone (evening): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Certificate of Medical Insurance Coverage

I certify that I/my child is covered by health/medical insurance and that such insurance is current and in effect, and will remain in effect during the entire term of program participation. I understand and accept that Duquesne University is not responsible for any costs relating to medical care of City Music Center participants.

Individual's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if student is under age 18)

Printed Name of Individual: \_\_\_\_\_

Insurance Company (if applicable): \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK**