



Music and Arts Center  
for Humanity

510 BARNUM AVENUE  
BRIDGEPORT, CT 06608  
PHONE: (203) 366-3300 FAX: (203) 368-2847

## MASTER REGISTRATION FORM

### SCHOOL-YEAR PROGRAMS OFFERED:

*MACH Saturday Program*      *Dance II*      *MACH Music School*      *Neighborhood Studios*

### MACH SATURDAY ARTS ACADEMY

*Saturday Art Institute*      &      *Saturday Dance Academy*

### SUMMER PROGRAMS OFFERED:

*MACH Camp*      *MACH/Ailey Camp*      *Neighborhood Studios*  
*Summer Institute for Blind College-Bound Musicians*

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PROGRAM DESIRED: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ PROGRAM DESIRED: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELLULAR PHONE: \_\_\_\_\_ BEEPER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

IN CASE OF AN EMERGENCY IF I CANNOT BE REACHED, PLEASE CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATION TO STUDENT: \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE:

I give MACH and its personnel permission to seek medical attention, in the event of an emergency, if MACH is unable to contact me or the person listed above. MACH shall have the right to determine whether a medical emergency exists. MACH shall not be responsible for payment of medical service of such emergency, and will be reimbursed for any expenditure incurred. YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_ INITIAL: \_\_\_\_\_

*If applicable, please fill out a student health form, available in the registration office.*

### MEDIA RELEASE:

I give MACH permission to use the student's name or photograph for newspaper, video or media release.

YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, EXPLAIN: \_\_\_\_\_ INITIAL: \_\_\_\_\_

### ETHNIC ORIGIN (NEEDED FOR STATISTICAL USE ONLY):

African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Other (Explain) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY:

NOTES: \_\_\_\_\_