



Student Application for 2021-2022 Classes

STUDENT INFORMATION

Name: _____ Age: _____ Birth Date: _____

School ('21-22): _____ Grade ('21-22): _____ Youth T-Shirt Size: _____

Male / Female / Non-binary: _____ Languages Spoken at Home: _____

Please check the race that best describes the child (For statistical purposes **ONLY**)

- African-American/Black
- Native Hawaiian or Other Pacific Islander
- Asian
- Caucasian/White
- Other (please specify _____)

Please check the ethnicity that best describes your child:

- Hispanic/Latino
- Non-hispanic/Latino

Does your child require any accommodations, or extra support, in order to be successful in the PLAY Music program?

- Yes If Yes, please describe: _____
- No

Has your child ever received music lessons?

- Yes
- No

If you answered yes, please answer the next three questions:

Which instrument(s)? _____

For how long? _____

- Group Lessons
- Private Lessons
- Other _____

Does the child have his/her own instrument? (If not, we will provide one, **on loan**)

- Yes
- No

FAMILY INFORMATION

Primary Parent/Guardian's Name: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Employer's Address: _____

Secondary Parent/Guardian's Name: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Employer's Address: _____

AFTER-SCHOOL CARE

Will your child be attending afterschool care at your P.L.A.Y. Music location? (Yes/No) _____

If yes, please provide the name of the afterschool program: _____

EMERGENCY INFORMATION

Alternate Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Doctor: _____ Phone: _____

Preferred hospital in case of emergency: _____

PARENTAL PERMISSIONS

Persons authorized to pick-up children OTHER than their parent or guardian.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

INSURANCE INFORMATION
(If you do not have insurance, please skip)

Insurance Provider: _____ Policy #: _____

List any medical or physical conditions that may limit your child's participation at *The Piedmont Learning Academy for Youth Music* (e.g. allergies, etc.)

The undersigned acknowledges that the Winston-Salem Symphony (WSS) does not provide accident insurance for *P.L.A.Y. Music* members. In case of accidental injury, the undersigned agrees to assume financial responsibility for cost incurred.

In case of accidental injury, the undersigned authorizes *WSS P.L.A.Y. Music* staff to see that the necessary medical treatment is obtained in the event the parent(s) or legal guardian is unable to be reached or is otherwise inaccessible. In this event, the undersigned authorizes *WSS P.L.A.Y. Music* staff to sign for and authorize the physician of his/her choice to provide emergency care.

I have read the above and agree to the above stipulations.

Primary Parent/ Guardian Signature: _____ **Date:** _____

FIELD TRIP and TRANSPORTATION INFORMATION

All *PLAY Music* field trips, in town and out of town, will be announced in advance and will be under the direct supervision of *WSS P.L.A.Y. Music* staff. Out of town field trips will require special permission regarding transportation and the need to include additional parent chaperones.

I hereby give my permission for _____ to participate in the activities and programs of *WSS P.L.A.Y. Music* that may necessitate transportation in vehicles.

Parent/Guardian Signature: _____ **Date:** _____

INSTRUMENT LOAN

All *WSS P.L.A.Y. Music* students will be assigned an instrument if they don't already own one, which they will be allowed to take home to practice. Please read the following guidelines concerning *WSS P.L.A.Y. Music* instruments:

1. The instruments are the property of the Winston-Salem Symphony. As such, we may ask that the instrument assigned to the student be returned at any time and for any reason. If this happens, the student must return the instrument immediately.
2. Proper care of the instrument is expected. Students should at all times handle the instrument gently and with respect. Instructors will assist students with keeping all mechanics of the instruments in working order, which is very important for proper use of the instrument.
3. The student and parents/guardians may be held responsible for any damages to the instrument while it is in the student's care.

4. We may ask that parents/guardians pay either part of or all of the repair costs associated with negligent care of the instrument.
5. *P.L.A.Y. Music* staff and administrators have the right to remove any student from the *WSS P.L.A.Y Music* program who fails to handle the instrument properly with care and respect.

I have read, understand, and agree to the above guidelines.

Primary Parent/Guardian Signature: _____ **Date:** _____

ACTIVITY RESPONSIBILITY AGREEMENT

I, the undersigned, understand that there are risks and dangers inherent in participating in *WSS P.L.A.Y. Music*, hereinafter “activity”, which may include transportation, for a time period of up to one year. I also understand that in order to be allowed to participate in this activity and associated activities, I must agree not to hold the Winston-Salem Symphony liable for any injury or damage, which I may suffer while participating in any activity or going to/from any activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any activity, and recognizing the charitable nature of the Winston-Salem Symphony, I hereby voluntarily release the Winston-Salem Symphony from any and all liability resulting from or arising in any manner whatsoever out of any participation in any activity.

- I understand and agree that I am releasing not only the Winston-Salem Symphony, but also its officers, agents, and employees.
- I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by the Winston-Salem Symphony personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian and item for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in any activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify, and hold the Winston-Salem Symphony, its officers, agents, or employees harmless from any and all liability or costs, including attorney’s fees, associated with or arising from my participation in any activity.
- I understand and agree that I am signing this waiver/release on behalf of my minor child that I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.

I acknowledge that I have read this waiver/release agreement and that I understand the words and language in it. I understand there are potential dangers incidental to participating in any activity and going to/from any activity. I execute it voluntarily and with full knowledge of its meaning and significance.

(Signature of Primary Parent or Legal Guardian)

(Date)

(Print Name of Parent or Legal Guardian)

(Age of Minor)



**AUTHORIZATION TO PHOTOGRAPH/FILM/AUDIO RECORD/TEXT BY THE
WINSTON-SALEM SYMPHONY**

I certify that I am at least 21 years of age, my birth date being (MM/DD/YY) _____ / _____ / _____, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant the Winston-Salem Symphony, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted, and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, any names for myself and my participating *P.L.A.Y. Music* student, signatures, and likenesses, and any portraits, pictures, photographic prints or other representations of us, or in which we may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations, or changes therein as you in your discretion may make, either separately or together with any names or a fictitious names, or the names of another person, with or without any statements or testimonials made by us, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of any names or photographs to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by the Winston-Salem Symphony for such purposes as the Winston-Salem Symphony may deem appropriate.

I hereby release and discharge the Winston-Salem Symphony, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the forgoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

(Print Student Name)

(Date)

*Substitute the age of majority, if less than 21 years, in the State of residency of the subject of the consent. Authorization Relating To A Minor Or Individual Under Local Guardianship. I hereby certify that I am the (parent) (legal guardian) of a minor child or dependent and have executed this release on their behalf.

(Print Parent/Guardian Name)

(Sign Name)

(Date)

Parental Consent for Child's Participation in P.L.A.Y. Music Research Study

This year, WolfBrown, a research firm, and Winston Salem Symphony are conducting a study about how children are learning and growing in *P.L.A.Y. Music*.

We are asking if your child can participate in this research study. You may refuse or accept. You may also decide to withdraw your child for any reason without penalty. Your child can also decide not to be in the study or to end a study session early. It is important for you to understand the study so that you can make an informed choice. If your child participates in the *P.L.A.Y. Music* program, they can continue to be a part of that program whether or not they are part of the study.

What is the purpose of this study? The purpose of this research study is to learn about what *P.L.A.Y. Music* may do for children. This new information may help this program, and others like it, improve the quality of the education they offer. It also may help support these programs by providing information about what they do for children.

How many people will take part in this study? We are hoping that most, if not all, *P.L.A.Y. Music* students will agree to participate, 100 students.

What will happen if your child takes part in the study? If your child participates in this study, they will complete a set of forms. These forms will ask about your child's relationships with their peers, how they see themselves, and what they think about how people learn. Students will also answer questions about their music program, *P.L.A.Y. Music*. This is an anonymous study.

In-school teachers will complete a set of questions about how your child behaves in school. We will also work with your child's school to get their academic grades, test scores, and other basic information (gender, grade in school). In some cases, we may ask families directly to supply a copy of their child's report card and test scores.

How long will your child's part in this study last? Your child will be asked to answer two surveys twice per year (once in the fall, and once in the spring) for the next two years. Children will also play their instruments two times a year for a teacher at the program. Each playing session will last about 15 minutes.

What are the possible benefits of participating in this study? While there are no immediate benefits to your child for participating in the study, we believe that the knowledge gained from this research may improve the quality of the *P.L.A.Y. Music* program and other music programs and may help more students receive music education in the future.

What are the possible risks of participating in this study? It is possible that your child's responses may accidentally be disclosed to staff at the music program or at the school. However, we will take steps to prevent this from occurring (see below).

It is also possible that the reading level of the study might make your child uncomfortable, even though each item will also be read aloud by a teacher, and will be made available in Spanish as well as English for those children who wish to answer in Spanish.

Will you be told about new information that may affect your decision to participate? We will share any new information gained during the course of the study that might affect your willingness to continue participation.

How will your child's privacy be protected? All information that is obtained during this project will be labeled with an anonymous identification number, not your child's name. All research records will be kept on a secure storage server, and locked filing cabinet. Only members of the research team will have access to those records.

What if your child wants to stop participating? Even if you grant your child permission to participate, your child can withdraw from the study at any time without any consequences. They can tell a *P.L.A.Y. Music* teacher that they do not wish to participate any longer.

Will you or your child receive anything for participating in this study? No.

What if you or your child has questions about the study? You and your child have the right to ask, and have answered, any questions you may have about this research. If there are questions, complaints, or concerns about the study, please contact Dr. Dennie Palmer Wolf at (617) 823-5763 or dennie@wolfbrown.com or Dr. Steven Holochwost at (919) 448-7795 or steven@wolfbrown.com

What if there are questions about your child's rights as research participants? All research on human volunteers is reviewed by a committee that works to protect your child's rights and welfare. If there are questions or concerns about your child's rights as research subjects, you may contact the Dr. Pavlina Tscherneva, Chair of the Bard College Institutional Review Board, at tchernev@bard.edu.

Parent's Consent for Child's Participation in Research:

I have read the information provided above and have asked all the questions I have at this time. I voluntarily give permission to allow my child to participate in this research study.

(Printed Name of Research Participant (child))

(Printed Name of Parent)

(Signature of Parent) **(Date)**

TUITION and SCHOLARSHIP INFORMATION

REQUIRED DOCUMENTS

IF PAYING TUITION:

- Payment is made at the beginning of each semester (Fall and Spring). All payments are non-refundable. ***Discounted tuition if you own your own instrument.***
 - **Team Mozart** - \$325 per semester
 - **Team Beethoven** - \$330 per semester
 - **Team Brahms** - \$345 per semester
- ***A \$50 non-refundable deposit must be received with your application.*** This is to hold your place in the program. Any application without a deposit will be placed on the Wait List. ***The deposit will be applied to your Fall Semester tuition payment.***
- A copy of your child's most recent report card is highly encouraged but not required. The data from the report card is used for tracking students' progress and grant writing.
- Parent meetings are held quarterly and are highly encouraged in order to remain in the P.L.A.Y. Music program.

IF RECEIVING SCHOLARSHIP:

- ***A copy of EITHER is REQUIRED:***
 - The first page of your most recent tax return (Form 1040)
 - Letter from your child's school stating that they are enrolled in the Free or Reduced Lunch Program.
- ***A copy of your child's most recent report card is REQUIRED.*** To remain in the P.L.A.Y. Music program you must submit your child's report card every quarter.
- ***Parent meetings are held quarterly and are REQUIRED*** in order to remain in the P.L.A.Y. Music program.

All applications and other documents can be mailed, emailed, or faxed to:

Rachel Watson
Senior Director of Education, Engagement & Inclusion
Winston-Salem Symphony
201 N. Broad Street, Suite 200
Winston-Salem, NC 27101

rwatson@wssymphony.org

336-725-1035, ext. 223
Fax: 336-725-3924

****Tuition payments and deposits can be mailed to the address above, paid over the phone with a debit or credit card, or online at <https://www.wssymphony.org/edu/play/>.**

If you want to pay by phone, you may also call the Winston-Salem Symphony Box Office Monday through Friday 10am to 4pm: 336-725-1035, ext. 201; 336-464-0145