



CIRCLE ONE:
AMPED @ Flaget
AMPED @ Shelby Park

Registration Form

Student Name _____

Phone _____ Email _____

Address _____
Street City State Zip

Date of Birth _____

School _____ Grade _____

Parent/Guardian Name _____

Phone _____ Email _____

Address _____
Street City State Zip

Who else is allowed to pick up your child?

Name _____

Phone _____ Email _____

Address _____
Street City State Zip

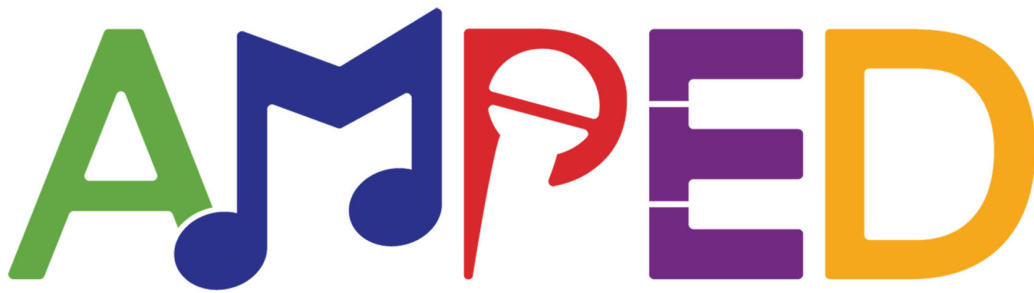
Person to contact in case of emergency _____

Relationship _____ Phone _____

By signing this form I understand and acknowledge that the above information is true to the best of my knowledge and that AMPED or Level Seven Recording Studio will not be liable or responsible for any injuries, loss, and/or damages while my child is participating in AMPED

Student Signature and Date

Parent/Guardian Signature and Date



ACADEMY OF MUSIC PRODUCTION EDUCATION AND DEVELOPMENT

AMPED Semester Syllabus Agreement

By signing this document you agree to follow and adhere to all of the guidelines outlined in the **AMPED Semester Syllabus**.

Student Print Name _____

Student Signature/Date _____

Parent Name/Guardian Print Name _____

Parent Name/Guardian Signature/Date _____

Choose up to 2 paths:

(vocal performance, rap, piano, guitar, bass guitar, drum-set, music production/engineering, dance, videography, or animation)

Parent/Guardian Involvement

Please choose at least one "Give Back" opportunity. (chaperone, donate snacks, donate)



HEALTH/MEDICAL FORM

Please Return Completed Form to 4425 Greenwood Ave. Louisville, KY 40211

Name _____ Date of Birth _____ Age _____

Phone _____ Parent/ Guardian _____

Address _____

Emergency Contact and Telephone _____

Family Physician/Primary Care Provider Name: _____

Phone: _____

Does the child have: Asthma Diabetes

Is this individual taking a prescription(s) or over the counter medication(s)? YES NO

If yes, indicate names of medication(s): _____

Does the individual have allergies? (e.g. Food, plants, medication, latex) YES NO

Explain: _____

Is the individual on a special diet? YES NO Explain: _____

Does the individual have special needs? YES NO Explain: _____

In case of a medical emergency, if unable to contact the parent or emergency contact, what is the hospital preference? : _____

Is the child up-to-date on all the following routine childhood immunizations?

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal Conjugate		
Tetanus			Polio		

Comments _____

Parent's Signature _____

Date _____



Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line presentations
- educational and promotional videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a participant under the age of 18, then the signature of that participant's parent or legal guardian is also required.

Parent's Signature _____ Date _____

Administrative Offices

P.O. Box 34020
Louisville, KY 40232-4020
(502) 485-3011
Fax: (502) 485-3991



***Community Partner Learning Place
Authorization to Release Education Records and Consent Form***

The students listed below are participating in the programs at _____, located at _____ hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family, with the Jefferson County Public Schools (JCPS). I hereby authorize JCPS to release the education records of the students listed below to the Organization. **The records to be released are the student's name, student ID number, school, address, grade level, State required assessment scores, classroom test scores, grades, attendance, suspensions, early childhood work sampling scores, kindergarten readiness, ACT scores, graduation readiness, college readiness, career readiness, senior transition, comprehensive school survey data, student login and password, and all instructional information gathered through computer-based intervention software.** I understand that the Organization has agreed to keep these records confidential.

I understand that by authorizing the release of this information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

There may be times when JCPS, the Organization or the news media may take photographs (or other digital images) of students participating in activities. Those images may appear in JCPS's or the Organization's publications including electronic publications or in the news media for education related stories. By signing this form, I authorize JCPS and the Organization to use the name and image of the students listed below for these purposes and for the purpose of providing community recognition.

I understand that JCPS and the Organization are independent parties. I understand and agree that JCPS shall have no liability for the acts or omissions of the Organization, their employees and volunteers. I have read and understand the contents of this form. I have received a copy, and I agree to its provisions. I understand that I may revoke this authorization at any time by written request.

I understand that this authorization will remain in effect until revoked by me in writing and delivered to the address below.

Print Name of Parent/Guardian: _____
(or Student if 18 or over)

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print students' Name, Current School and Grade:

Original must be sent to Dr. Allene Gold, Volunteer Talent Center, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218, copy kept on file at organization/agency and copy given to parent/guardian or eligible student.