



"Summer Community Connections Program"

Where: First United Methodist Church 121 Wisconsin Ave. Waukesha 53186

Cutler Park 321 Wisconsin Ave. Waukesha 53186

When: August 9th -13th from 9am-3:30pm (Friday Concert at Noon)

Who: Now accepting up to 21 students in grades K4 through 12th who are looking to play or currently play violin, viola or cello.

Cost: Students pay a registration fee of \$150.

Instruments: Instruments are available for use during the program.

Transportation to and from rehearsals and events will be the responsibility of the parents.

Registration: Please fill out the attached forms and return by August 1, 2021 with registration fee to Sarena Lawrence.

Greater Milwaukee El Sistema
P.O. Box 2271
Waukesha, WI 53187-2271

Information/Questions: Please contact Sarena

gmelsistema@gmail.com

Phone: 262-271-1928



Summer Community Connections Program Registration Form:

Student Information (Please PRINT clearly):

Student Name: _____ Grade: _____ Years playing: _____

Home School: _____ Instrument: _____ Size: _____

Will you need an instrument to use? Y/N

Address: _____

Allergies: _____ Food Allergies: _____

In case of allergic reaction I carry an E-Pen (Y/N)

Health Concerns: _____ Medication Needs _____

Health Insurance Provider: _____ Policy # _____

Emergency Contact (Name/Phone): _____

Emergency Contact Relationship to Student _____

Parent Information:

Parent/Guardian Name: _____ Relationship to Student _____

Parent cell: _____

Parent/Guardian Name: _____ Relationship to Student _____

Parent Cell: _____

Parent Email: _____



I _____ give my child _____
(Parent) (Child)

permission to participate in the El Sistema Summer Connections Program and all special program performances. I accept full responsibility to provide transportation to and from all Programming and Special Concerts.

Parent signature _____

Date _____

Payments can be made by cash or check to Greater Milwaukee El Sistema

Greater Milwaukee El Sistema

P.O. Box 2271

Waukesha, WI 53187-2271

Payment Information

Please choose one of our convenient payment options

I agreed to pay the full amount of \$150 per child for the week long summer program.

_____ I have enclosed \$150 in full with the registration paperwork.

_____ I choose to apply for financial assistance through a partial scholarship fund. I agree to pay the remainder of whatever the scholarship funding does not provide.

**Please provide a paragraph explaining why you are applying for assistance.

_____ I would like to sponsor a child's full registration. Please find an additional \$150 donation enclosed.

_____ I would like to sponsor $\frac{1}{2}$ of a child's registration. Please find an additional \$75 donation enclosed.



Permission for Media Release

Pictures and videos are taken frequently throughout the year for GMES promotional material, media/press releases, fundraising campaign, Facebook Page and Website. Please indicate your permission to allow your student to be photographed / video for these purposes. This material is not sold or shared with outside sources. This information is used strictly to promote and develop GMES and to provide more opportunity for your student. Your cooperation is greatly appreciated, but please let us know if you would prefer that we do not include your student in this.

Students Name _____

I give my permission _____ I do not give my permission _____

Parent Signature _____ Date _____



COVID-19 Liability Waiver

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Greater Milwaukee El Sistema has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Greater Milwaukee El Sistema cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily seek services provided by Greater Milwaukee El Sistema and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending Summer Camp.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Greater Milwaukee El Sistema harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any services received from Greater Milwaukee El Sistema. I understand that this release discharges Greater Milwaukee El Sistema from any liability or claim that I, my heirs, or any personal representatives may have against Greater Milwaukee El Sistema with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Greater Milwaukee El Sistema. This liability waiver and release extends to Greater Milwaukee El Sistema together with all board members, partners, and employees.

Students Name

Parents Name

Parent Signature

Date