

Application Form 2011

Please print clearly as this information will be used in the Program. Return this Application Form with all necessary information to Ji-Eun Lee Music Academy office.

All Application Forms should be dropped off in the office or should be addressed to:

Ji-Eun Lee Music Academy

10029 E. 126th Street Suite #D

Fishers, IN 46038

Telephone 317-576-5562

Email info@jlma.net

Last Name	First Name	Middle Name	Male/Female
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Date of Birth	Age (As of 10/1/11)	Instrument: Violin/Viola/Cello/Bass
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Guardian's Name	Division: Young Artist/Junior/Senior
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Address	City	Zip
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Phone	Mobile	Email
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Repertoire:

Composer	Title, Opus Number & Key	Precise Duration
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Composer	Title, Opus Number & Key	Precise Duration
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Current Instructor's name	Phone Number
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Medical/Photo Release:

If you or your child is involved in a Ji-Eun Lee Music Academy event, you are hereby advised that our organization does not carry Workman's Compensation Insurance for participants or volunteers. If you or your child should suffer an injury while participating in our production, you will be personally responsible for your medical or injury related expenses.

I give permission for _____ to participate in the Forte! String Competition

Applicant's Name

at JLMA. I also give permission to those in authority to secure emergency medical treatment for the minor named above. I also agree to hold JLMA and/or their assignees, harmless in the event of an injury or accident.

I hereby authorize and consent that JLMA shall have the absolute right to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound recordings, or any part thereof, they have taken or made of my child, or in which my child may be included in whole or in part. I have read and agree to adhere to all the guidelines of this competition in the 2011 Forte! String Competition brochure. The Entry Forms Without Signature Will Not Be Processed.

Parent/Guardian Signature

Today's Date

Emergency Contact Name

Phone

Insurance Company and Policy # (If Applicable)

Medical Information (allergies, medications, etc):

Adult in charge may give the applicant Tylenol ___ Yes ___ No

Application Fee \$25 _____

Accompanist Fee* \$25 _____ Sub Total: _____

*JLMA will provide an accompanist for applicant who the competition. If the fee is not paid by the application deadline we may not provide accompanist on the competition date.

Visa _____

Master Card Number Exp Date Verification #

Discover _____

Name on card Signature Date

Check # _____