



Adult Piano

Registration Form

ABOUT THE ELLIS MARSALIS CENTER FOR MUSIC

Located in the 9th Ward of New Orleans, the Ellis Marsalis Center for Music uses music as the focal point of a holistic strategy to build a healthy community and to deliver a broad range of services to underserved children, youth, and musicians from neighborhoods battling poverty and social injustice. The Center is a safe and supportive environment where children and youth develop musically, academically, and socially; where local musicians perform, record and develop professionally; and where the community gathers. The Center also serves as a community resource and a catalyst for cultural preservation.

ENROLLMENT REQUIREMENTS

- Adult Piano students must be 19+
- All Adult Piano students must provide digital proof of Covid-19 vaccination via LA Wallet.
- Prior musical experience is **not** required for adult piano
- Enrollment is on a first-come, first-served basis based upon full payment of fees.
- Registration fees are not refundable.
- **Students must provide proof of vaccination or an exemption letter from the DOH.**

REGISTRATION PROCESS

- Registration forms are available via our website or by contacting our registrar at esmith@ellismarsaliscenter.org.
- Fill out one form per student
- Submit the \$32 registration fee via credit card over the phone (\$10 for the first month + \$22 for the piano book). The registration fee is non-refundable. **We accept credit or debit cards only.** There is a \$1.25 processing fee for credit cards. Registration is not complete until forms and funds are collected.
- The registration fee for the first month is \$10 plus \$22 for the piano book. Students will be charged \$10/per month thereafter.

PROGRAM DATES AND TIMES

Program Dates: August 19- December 2

Program Hours: Saturdays 8:30 am- 12:00 pm

EMCM observes the following holidays and will not hold class:

Labor Day- September 4

Halloween- October 31

Thanksgiving Break- November 21-26

If you have any questions, please contact us at esmith@ellismarsaliscenter.org

STUDENT INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birthdate(mm/dd/yyyy): _____

Emergency Contact Name: _____

Emergency Contact Relation: _____ Phone: _____

Race: (please select all that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other

Hispanic or Latino

Prefer not to answer

Date of last COVID-19 vaccine: _____ **Please attach proof of vaccine or an exemption letter from the Department of Health (DOH) when submitting your application.**

Please initial on the line to indicate your consent and/or release of liability.

_____ I consent and agree that the Ellis Marsalis Center for Music (EMCM) and its employees or agents have permission to take photographs, videotape, or record via audio of me to use for the purpose of showcasing my accomplishments as a participant in the EMCM website, newsletter, promotional materials, videos, social and digital media, and for promoting EMCM in any and all media.

_____ I consent and agree to authorization of Emergency Medical Treatment and understand that the Ellis Marsalis Center will try to notify the emergency contact listed above in case of illness or injury to myself. In case of a medical emergency concerning myself, at a time when my emergency contact listed cannot be notified, I grant full power to the Ellis Marsalis Center for Music to arrange for transportation, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; an 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

_____ You agree that you will maintain monthly payments at a community price of \$10 or Musicians' Village discounted price of \$5 as an adult participant. If you are unable to make monthly payments at any time, you will notify the staff member in the front office. Failure to maintain payments without notification will result in dismissal from the adult program (s) until all pending fees are paid in full or up-to-date.

_____ You agree as an adult participant in the physical activities related to dance instruction, community events, and/or recitals by the Ellis Marsalis Center for Music, and you assume all risks of injury or illness. You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the trainer/instructor from any and all claims or causes of action, and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the trainer/instructor or Ellis Marsalis Center for Music for personal injury or property damage. By signing this release, I acknowledge that I understand its content, have answered truthfully and that this release cannot be modified orally.

Signature: _____ Date: _____