

10-Week Youth Vocal Intensive Application Form

Thank you for your interest in enrolling in our 10-Week Youth Vocal Intensive. The program will be held on 10 consecutive Wednesdays 10/2/24-12/4/24, from 4-6pm at Geoffrey's Inner Circle in Oakland. A free recital for the community will be held Saturday 12/7/24, 4pm at Geoffrey's.

Please complete the form below. The form can be submitted by email to fayecarolbiz@gmail.com or via USPS to P.O. Box 3021 Berkeley, CA 94703. Parents, if you are enrolling multiple children, please submit a separate form for each child.

Parent(s), please complete the following section:

Student Legal First Name: _____

Student Legal Last Name: _____

Student Preferred Name (if different): _____

Student Date of Birth: _____

Parent Name(s): _____

Parent(s) Phone Number: _____

Parent(s) Email: _____

Parent(s) Mailing Address _____

Emergency Contact 1 Name: _____

Emergency Contact 1 Relation to Student: _____

Emergency Contact 1 Phone Number: _____

Emergency Contact 2 Name: _____

Emergency Contact 2 Relation to Student: _____

Emergency Contact 2 Phone Number: _____

Does the applicant have any dietary restrictions? If so, please describe: _____

Does the applicant have any allergies, medications, or medical conditions we should be aware of? If so, please describe:

How did you hear about the 10-Week Vocal Intensive? _____

I will be paying the \$100 nonrefundable application fee through (circle one):

Venmo

Cash

CashApp

Check

Zelle

Checks may be made payable to Faye Carol and sent via USPS to P.O. Box 3021, Berkeley, CA 94703. Payment can be made by Venmo @Faye-Carol, CashApp \$lovetomissfaye, or Zelle to fayecarolbiz@gmail.com

Student, please complete the following section:

What school are you currently attending? _____

What grade are you currently in? _____

I have prior experience in (circle one or more):

Singing

Spoken Word/Rap

Dance

Instrument

Please briefly describe this experience: _____

Are you open & willing to try new things? _____

In order for students to fully benefit from this program and properly prepare to perform at the recital, it is vital that students attend all 10 sessions. Are you committed to attending and participating in the full 10-week program, including the end-of-session recital?

Who are 2-3 of your favorite artists (bands, rappers, vocalists, etc) and favorite songs?

Signed Agreement and Consent from Parent(s) and Student:

By my signature here, I commit to my child attending the 10-Week Youth Vocal Intensive for the full duration of the program, 4-6pm each Wednesday. I understand that this free program is a gift, that space is limited, and that attendance and participation in each weekly class as well as the end-of-session recital is mandatory. I respect the valuable opportunity that is offered through this program. I understand that the applicant's slot is not reserved until the nonrefundable application fee is

received. I authorize School of The Getdown faculty and staff to photograph and record audio and video of my child during the 10-Week Youth Vocal Intensive and for photos and/or video to be used for archival, educational, and/or promotional purposes. I authorize School of The Getdown staff to administer ibuprofen, Benadryl, and/or Neosporin to my child as needed.

Parent Signature

Print Name

Date

Student Signature

Print Name

Date