



Marysville Community Band Registration Form

Please sign and return this form along with any payment for member dues. Please be sure to review the “What You Need to Know” document, which covers concert and rehearsal basics and contact info for your Board of Directors.

Marysville Community Band is a nonprofit organized exclusively for musical, educational, and charitable purposes. Our mission is to *build community one note at a time* through active and positive encouragement to improve technique, intonation, and other musical skills... while having fun!

As a community band, all of our activities (rehearsals, performances, meetings, etc) are safe spaces. **We are a welcoming group that does not discriminate and does not permit discrimination or harassment** on the basis of race, ethnicity, national identity, religion, sex, sexual orientation, gender identity, disability, age, or any other such factor.

Participant name AND parent name if under 18	
Emergency name/number	
Email address AND parent email if under 18	
Main phone number	<input type="checkbox"/> It is ok to text urgent band info to this number
Alternative phone number OR parent phone if under 18)	<input type="checkbox"/> It is ok to text urgent band info to this number
Instrument	
Age (if under 18)	
<input type="checkbox"/> I am an adult and would like to be considered for a scholarship for member dues. (Students under 18 do not pay dues.)	

For and in consideration of the opportunity offered to participate in the Marysville Community Band program, I, as evidenced by my signature, do hereby hold harmless, release and waive all claims I/my child may have against Marysville Community Band (aka MCB), its officials, employees, agents or contracted instructors, and any other person(s) involved in MCB for any and all injuries, losses or damages suffered by me or my child as a result of our participation in the above named activity/activities. I accept full responsibility for cost of treatment for any injury, losses or damages suffered. This waiver shall be valid for as long as the band exists.

I grant Marysville Community Band and its representatives the right to take photographs of me or my child and my property in connection with the Marysville Community Band program. I authorize Marysville Community Band, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Marysville Community Band may use such photographs of me or my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and online content.

I understand that I/my child must comply with all COVID-19 restrictions required by the band’s Board of Directors as recommended by the Snohomish County Department of Health. **I/my child will not attend a rehearsal if experiencing symptoms of flu or COVID-19 and/or test positive for contagious infection.**

I have read and understand the above.

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18): _____

I grant my child permission to participate in Marysville Community Band.