

ROWAN PREP REGISTRATION FORM  
Fall 2016 ▪ Spring 2017 ▪ Summer 2017



**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Account Holder/Billing Information** (Parent or Guardian if student is under 18)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Contact Information** (Please circle preferred method(s) of contact)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Student Photo Release: Parent please mark your initials next to the publicity options you choose:**

\_\_\_\_\_ Yes. Rowan Prep is allowed to use photos of my child for the Rowan Prep website, Facebook, and publicity materials.

\_\_\_\_\_ No. Please do not use photos of my child.

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**CHOOSE SEMESTER**

**Fall 2016**

**Spring 2017**

**Summer 2017**

**PRIVATE LESSONS**

Instrument: \_\_\_\_\_ Teacher (if requesting specific): \_\_\_\_\_

Length of Lesson:            30 minutes      45 minutes      1 hour

Day of lesson: \_\_\_\_\_ Time of lesson: \_\_\_\_\_

Date of first lesson: \_\_\_\_\_ Total number of lessons (per semester): \_\_\_\_\_

**SUZUKI GROUP CLASSES**

If registering for Suzuki Group Classes, fill out Private Lesson section as well.

Teacher/Level: \_\_\_\_\_

Day of group class: \_\_\_\_\_ Time of group class: \_\_\_\_\_

Total number of group classes (per semester): \_\_\_\_\_

**CLASSES & EVENTS**

Name of Class/Event: \_\_\_\_\_

Day of class: \_\_\_\_\_ Time of class: \_\_\_\_\_ Number of classes: \_\_\_\_\_

**ENSEMBLES**

Name of Ensemble: \_\_\_\_\_

Instrument: \_\_\_\_\_

Ensemble & Private Lesson Package?            Yes            No

If registering for a package, please fill out Private Lesson section as well.

**PAYMENT INFORMATION**  
Fall 2016 ▪ Spring 2017 ▪ Summer 2017



Private Lesson Tuition: \$ \_\_\_\_\_

Suzuki Class Tuition: \$ \_\_\_\_\_

Class/Event/Ensemble Tuition: \$ \_\_\_\_\_

Credit/Scholarship: -\$ \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

**Total Tuition Due:** \$ \_\_\_\_\_

**Total Being Paid Now:** \$ \_\_\_\_\_

- **At least five (5) lessons must be paid at or before your first Private Lesson.**
- **Full Private Lesson Tuition is due on December 1, May 1, & August 1.**
- **Class, Event & Ensemble Tuition is due in full at registration.**

**Balance Owed by Tuition Deadline:** \$ \_\_\_\_\_

**PAYMENT BY CHECK OR MONEY ORDER (payable to Rowan University)**

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

**PAYMENT BY CREDIT CARD**

Please choose card type:            Visa            Master Card            Discover

Cardholder's Name (as it appears on card): \_\_\_\_\_

Billing Address for Card (if different than Account Holder/Billing Information):

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Amount Authorized for Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

**I have read & understand the tuition payment & refund policies, and will abide by the procedures as stated. ([www.rowan.edu/colleges/cpa/rowanprep/](http://www.rowan.edu/colleges/cpa/rowanprep/))**

I have enrolled in an elective class/lesson sponsored by Rowan Prep at Rowan University to be held during the 2016-2017 academic year. I understand that my participation may require extensive and rigorous physical exertion and activity, and that there are a wide variety of risks that could result in serious injury or death. I represent that I am covered throughout the program by a policy of comprehensive health and accident insurance, which provides coverage for illnesses or injuries I may sustain as a result of my participation in this class/lesson.

I agree to assume all risks associated with my participation in this class/lesson, and I hereby release Rowan Prep and Rowan University and their representatives, agents, faculty and employees from any responsibility and liability for my injuries, illness, medical bills, charges, or other expenses I may incur through participation in this program.

I also agree to release and hold harmless Rowan Prep, Rowan University, and their representatives, agents, faculty and employees from any and all liability and damages or losses I may suffer to my person or my property or both, which arise out of or occur during my participation in this program, except if the danger or losses are caused by the gross negligence or willful misconduct of the agents or employees of Rowan Prep. I agree that this Waiver and Release is to be construed in accordance with the law of the State of New Jersey, and that if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document, and that in exchange for the University's agreement to my participation in the program, I agree to its terms.

**Your signature indicates your agreement to the waiver listed above and all of our policies and procedures as outlined in our catalog/website. Your registration cannot be processed without a signature.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rowan Youth Orchestra

Fall 2016 – Spring 2017

Supplemental Registration Form

**Student Information:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Student Email: (please print clearly)

\_\_\_\_\_

Instrument

\_\_\_\_\_

Yrs. of Study

\_\_\_\_\_

School

\_\_\_\_\_

Grade

\_\_\_\_\_

Private Teacher Name

\_\_\_\_\_

Email

\_\_\_\_\_

Emergency Contact

\_\_\_\_\_

Phone Number

Medical Issues to be aware of? (i.e., food allergies, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in being part of a chamber ensemble through RYO? \_\_\_\_\_

If yes, when would you be able to meet? (circle one):

Before RYO rehearsal

Only if rehearsals took place during RYO rehearsal?

How did you learn about the RYO?

\_\_\_\_\_

\_\_\_\_\_