



THE MUSIC RESOURCE CENTER - CINCINNATI*
 3032 Woodburn Avenue, Cincinnati, OH 45206 • (513) 834-8304 • MRCcinci.org
MEMBERSHIP APPLICATION AND AGREEMENT



GENERAL INFORMATION (To Be Completed by Member.)

Name: _____ Date of Birth: _____
First Middle Last

School: _____ Grade: _____

Gender: _____ Preferred Pronouns: _____

Ethnicity: Black White Hispanic or Latino Bi-Racial Other _____

Email: _____ Instagram: _____ FB: _____

Primary Phone: (____) _____ - _____ Text Messages OK: Yes No

Emergency Contact: _____ Emergency Phone: (____) _____ - _____
First Last

Home Address: _____ City: _____ Zip: _____

Referring Agency: _____

How do you intend to get home from MRC? Walk/Bike Get Picked Up Bus Drive

INTEREST SURVEY (To Be Completed by Member.)

1. What are your favorite types of music? _____

2. Who are your favorite artists/performers? _____

3. How did you learn about the MRC? _____

4. Can you play a musical instrument? Guitar (____ yrs) Bass (____ yrs) Keyboard (____ yrs)
 Drums (____ yrs) Other _____ (____ yrs)

5. I'm interested:
 Creating Beats Learning to rap/MC skills Songwriting Practice Space
 Learning vocal skills Learning performance techniques. Learning audio engineering.
 Learning an instrument _____ Using recording studio

6. Please indicate you goal from above list: #1 _____ #2 _____

7. Do you have experience using Apple computers? None 1-3 years 3-6 years ≥ 6 years

MEMBERSHIP FEE

\$2.00 per month (Due no later than the 15th of the month.) \$24.00 per year

Member Name: _____

PARENT GUARDIAN INFORMATION (Required – Will be kept confidential.)

Name of Parent/Guardian completing this form: _____
First Middle Last

Parent/Guardian Date of Birth: _____ Relationship to Member: _____

Phone 1: Home Cell Work (____) ____ - ____ Text Messages OK Yes No

Phone 2: Home Cell Work (____) ____ - ____ Text Messages OK Yes No

In case of lesson/schedule change: **Call:** Phone 1 Phone 2 **Text:** Phone 1 Phone 2 **Do Not Contact**

Email: _____ Student Lives in Single Parent Home Yes No

How many children live in your household: _____

Do any of these children qualify for the free/reduced lunch program? Yes No

Additional information I'd like you to know about this member: _____

ADDITIONAL CONTACT(S) Please provide at least one other parent/guardian or emergency contact.

Parent/Guardian 2: _____ Emergency Contact: Yes No
First Middle Last

Parent/Guardian Date of Birth: _____

Email: _____ Relationship to Member: _____

Phone 1: Home Cell Work (____) ____ - ____ Text Messages OK Yes No

Phone 2: Home Cell Work (____) ____ - ____ Text Messages OK Yes No

In case of lesson/schedule change: **Call:** Phone 1 Phone 2 **Text:** Phone 1 Phone 2 **Do Not Contact**

Additional Contact: _____ Emergency Contact: Yes No

Email: _____ Relationship to Member: _____

Phone 1: Home Cell Work (____) ____ - ____

Phone 2: Home Cell Work (____) ____ - ____

Member Name: _____

MEMBER CODE OF CONDUCT

Being a member of the MRC is a privilege, which may be revoked at any time at the sole discretion of the MRC staff. **By initialing and signing** the application below, I am acknowledging the minimum **expectations** for all MRC participants and am **agreeing** to the following:

1. _____ I will respect myself, staff, other members, and equipment.
2. _____ I understand MRC prohibits the promotion of drug, gun, sexually explicit, or gang related material. MRC does not allow the use of offensive language in the building, including on recordings.
3. _____ All bags and personal items need to be left in the lobby for security.
4. _____ I will not engage in horseplay of any kind.
5. _____ To keep the space clean and protect equipment, I agree food and drinks will remain in the lobby.
6. _____ I acknowledge that I am enrolled in school and between the 7th and 12th grade.
7. _____ If I bring a guest, I understand that that guest must be a fellow 7th -12th grader interested in joining MRC or a direct relative/approved guardian. Non-members may not be anywhere in the studio without staff or volunteer supervision and are not allowed to linger in the building without purpose for being there. Guests may be denied access to MRC for any reason at the sole discretion of the MRC staff.
8. _____ If school is in session, I am only eligible to attend MRC if I attended school on the same day. I understand MRC staff can ask for any verification of my attendance.
9. _____ Public displays of affection are not permitted.
10. _____ MRC is a non-smoking and drug free facility. There is absolutely no smoking inside or on MRC property, or at any MRC function such as off-site performances.
11. _____ Appropriate dress is required while in the studio. Underwear and midriffs should not be showing. It is within MRC's sole discretion to determine whether dress is appropriate.
12. _____ All media (songs, beats, images, etc.) that leaves the studio must approved by MRC staff. Staff permission is also required to put any files on MRC computers.
13. _____ Failure to abide by MRC rules and/or Code of Conduct will result in removal, suspension, and/or expulsion from the MRC as see fit by MRC Staff.

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Member Name: _____

RELEASE AND WAIVER OF LIABILITY (To Be Completed by Member and Parent/Guardian.)

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that assume the risk of any and all illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss, or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for any personal property lost or stolen while using the YMCA facilities or while on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public. I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct and may restrict my access to the YMCA upon breach of the code.

ACCEPTANCE: I acknowledge the Waiver set forth above and, being in sympathy with the mission of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

Member Name

Print: _____ Signature: _____ Date: _____

Parent/Guardian Name (required for members under age 18)

Print: _____ Signature: _____ Date: _____

MEDIA RELEASE (To Be Completed by Member and Parent/Guardian.)

I grant the Music Resource Center – Cincinnati ("MRC") a perpetual non-exclusive license to reproduce, perform, distribute and/or display any of musical composition (including lyrics), sound recording, writing, or artwork (including, but not limited to, any picture, drawing or photograph) created at MRC in which I hold a copyright in any medium, existing currently or in the future. This license includes the right to perform any musical composition or sound recording created at MRC in which I hold a copyright on MRC's Low Power FM Station and/or its Internet stream. I may withdraw this license at any time by giving MRC written notice ten days in advance. MRC does not own any of the materials you create at our facility. Materials created jointly with other members may be jointly owned by the members involved. MRC is not responsible for resolving ownership disputes among members.

I also grant MRC the right to use, reproduce, distribute and/or transmit photographs, video recordings and/or sound recordings of me, and to use my name in conjunction with these materials. I acknowledge that such photographs, video recordings and/or sound recordings of me and any associated materials may become part of materials in which MRC may hold copyrights and may distribute to others in furtherance of its educational mission.

Member Name

Print: _____ Signature: _____ Date: _____

The above release shall be binding upon me, the Member for which I am the parent or legal guardian, other parents or guardians of such Member, any successors in interest, and/or any person(s) suing on my or the Member's behalf.

Parent/Guardian Name (required for members under age 18)

Print: _____ Signature: _____ Date: _____

Member Name: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND RELEASE

1. **I represent** that I am the parent or legal guardian of the Member identified above.
2. If such Member becomes seriously ill or injured while participating in MRC programs, including but not limited to during transportation to or from MRC, **I agree** that any authorized member of MRC may seek and obtain emergency medical treatment for such Member as he or she deems necessary to stabilize the condition of the Member and to enable transport of the Member to a nearby hospital.
3. If, after arranging for the Member's transportation to a nearby hospital, reasonable efforts to contact me are unsuccessful, **I then direct** that reasonable efforts be made to contact at least one of the medical care providers listed below.
4. If neither I nor either of the medical care providers listed below can be successfully contacted to discuss emergency medical treatment for the Member, **I consent** to any emergency medical treatment considered necessary by the medical care personnel treating the Member. This consent to emergency medical treatment **does not authorize** surgery **unless** before the surgery, two physicians agree that surgery is necessary (one of whom **must be** one of the medical care providers named below – but only if available).
5. Additionally, **I agree** to bear the cost of all reasonable medical care and procedures required under the circumstances described in this section, and **I hereby agree to release** MRC, its respective directors, officers, agents, employees and volunteers from any claim whatsoever which may arise on account of any first aid, medical treatment or services rendered in connection with the Member's participation in the MRC programs. This release shall be binding upon myself, the Member for which I am the parent or legal guardian, other parents or guardians of such Member, any successors in interest, and/or any person(s) suing on my or the Member's behalf.

Member Name

Print: _____ Signature: _____ Date: _____

The above release shall be binding upon me, the Member for which I am the parent or legal guardian, other parents or guardians of such Member, any successors in interest, and/or any person(s) suing on my or the Member's behalf.

Parent/Guardian Name (required for members under age 18)

Print: _____ Signature: _____ Date: _____

MEDICAL CARE PROVIDERS

Physician – General _____ Phone (____) ____ - ____

Physician – Specialist _____ Phone (____) ____ - ____

FACTS ABOUT MEMBER'S MEDICAL HISTORY

Does your student have any dietary allergies or restrictions? Yes No If yes, please list below:

If yes, do they carry an EpiPen? Yes No

Additional information:
