

Student Intake Form

Name_____

Age_____

Grade(If Applicable)_____ Name of School_____

Tribe_____

Address_____

Phone Number_____

Email_____

Which Time Zone do you live in?_____

Social Media (Facebook, Instagram, Twitter,
etc.)_____

Preferred method to contact you_____

What are your singing goals?_____

What parts of your voice would you like to improve?

Native Voices would like to share photos and video clips of our awesome singers on Social Media. Do you give Native Voices permission to share your photos and video clips? _____

Brief bio about yourself:

Having a healthy voice can be a complex journey. Medical issues like: allergies, asthma, acid reflux, etc. can effect your singing.

Do you have any issues that you would like your instructor to be aware of? (i.e. acid reflux, asthma, learning disabilities, etc.)



Student Agreement

1. All students below the age of 18 must receive guardian/parent consent to participate in the Native Voices Program.
2. All lessons are free to the student.
3. Students under the age of 18 are prohibited from meeting his/her instructor in person if the event is not sanctioned by Native Voices.
4. All teachers will be donating their time for your lessons. Please arrange your lesson time directly with your instructor. If you are ill or have a scheduling conflict, notify your teacher ASAP.
5. Three missed lessons without notifying your instructor or telling them the reason why will result in you from being removed from the Native Voices Program.
6. Lessons will occur via Facebook Messenger, Skype, Facetime, etc. If you are experiencing internet troubles, please contact Larisa Mangione or Native Voices for help.
7. If you have any concerns or issues with your teacher, contact Larisa Mangione or Native Voices
8. All Copyright Laws will be followed.
9. All Repertoire requests will be made with Larisa Mangione or Native Voices

Student Signature	Date
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Parent/Legal Guardian	Date
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Parent/Legal Guardian	Date
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Parent/Legal Guardia	Date
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Consent to Participate

I, _____, Parent/Guardian of (or self if above the age of 18) _____, fully understand that my child's participation in music lessons with Native Voices may expose him/her to unforeseen risk of personal injury, and/or personal property damage. I hereby acknowledge that I am allowing my child to participate in all events and agree to assume any such risks. All lessons are conducted virtually. Therefore, overall risk is low.

All instructors have undergone a Criminal Background Check. If felonious behavior is suspected, Law Enforcement both Tribal and County will be contacted and all responsible parties will be prosecuted fully by the Law.

I do

do not

AGREE to permit Native Voices, and staff to take photographs and/or videotape during Native Voices events. I understand that such photographic images, video, or audio recording of my child could be used for promotional purposes on social media platforms.

Participant's Name _____ Age _____

Participant's Signature _____ Date _____

Parent/Guardian Consent is required if participant is under 18 years old

Parent/Legal Guardian Signature _____

Print _____ Date _____