



The Institute for the Musical Arts

PO Box 867 Goshen, MA 01032

Email: info@ima.org

Summer Virtual Programs

Enrollment Packet

Read through the entire packet before completing

Student Information:

Student Name: _____ Age: _____ Birthdate: _____

Primary Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary email (if applicable) _____

I am of legal age and do not have a legal guardian: NO YES

Parent or Legal Guardian Contact Information: If applicable

If you are of legal age and do not have a legal guardian, fill this in as emergency contacts

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Second Phone: _____

Email Address: _____

_____ I understand that these programs will be online only and NOT on IMA premises

I would like to enroll in the:

_____ *Explore Rock 'n Roll - Virtual Program (pre-teen 9-12)*

_____ *Rock 'n Roll Performance - Virtual Program (teens 13-19)*

_____ *Studio Recording and Production Program (16-24)*

Enclosed is:

_____ My non-refundable processing fee of \$100 (or receipt of online payment)

_____ 50% of my enrollment fee (or receipt of online payment)

_____ The full amount due for the program I selected (or receipt of online payment)

_____ I will be sending in an original composition for an ASCAP Foundation Scholarship

Permissions:

I give permission for photographs and videos of my child taken while engaged at IMA to be used for promotional purposes including print and digital mediums, i.e. brochures, the IMA website and Facebook page. I also give permission for photographs and videos of my child taken while engaged at IMA to be used for promotional purposes including print and digital mediums, i.e. brochures, the IMA website and Facebook page.

Signature of Adult Student or Parent/Legal Guardian

Date

I also understand and agree to all the above permissions given by my parent or legal guardian.

Signature of minor student

Date





The Institute for the Musical Arts

PO Box 867 Goshen, MA 01032 Email: info@ima.org

This page to be completed by Student

Student Name: _____ **Age:** _____ **Birthdate:** _____

Address: _____ **City:** _____ **State:** _____

Phone Number: _____ **Email address:** _____

Is this your first IMA Camp Session: YES ___ NO ___ When did you attend: _____

A note to students: Answers to this questionnaire give us an idea of your musical interests, skill level and goals for the session. There are no right or wrong answers. The more we know about you in advance, the more we can be prepared to meet your needs.

Primary Instrument: _____ How long have you played it: _____

Secondary Instrument: _____ How long have you played it: _____

Do you **sing**? YES ___ or NO ___

If YES, tell us more about it: _____

Do you know how to **read music**? YES ___ or NO ___

Have you had musical **lessons**? YES ___ or NO ___

If YES, for what: _____ When/How Long: _____

Do you **write** songs, musical compositions, journal writing or poetry? YES ___ or NO ___

If yes, please attach anything you would like to share with us.

Have you **performed** in any way such as a play, a show or with a band? YES ___ or NO ___

If yes, what & when _____

Are there any other instruments that you are interested in learning to play? YES ___ or NO ___

If Yes, what instruments and why:

What musicians and or bands do you like and why?

What are your goals for this session?

Is there anything else about you or your musical background/skills/interests that you would like us to know?



- Do you have internet at home and how fast is the connection? _____ Yes _____ No

- Have you ever used Zoom? _____ Yes _____ No

If yes, how familiar are you with it?

- Have you ever used the app Acapella? _____ Yes _____ No

If yes, how familiar are you with it?

- Do you have a laptop or desktop computer? _____ Yes _____ No

If yes, what kind? _____

Do you use it to do music or video? _____ Yes _____ No

If yes, which programs do you use?

- Do you have access to an iOS 11 compatible Apple device: _____ Yes _____ No

Examples: iPhone 5S, 6, 6 Plus, 6S, 6S Plus, SE, 7, 7 Plus, 8, 8 Plus and iPhone X, iPad Air, Air 2, 5th-gen iPad, iPad Mini 2, 3 or 4, All iPad Pros, 6th-gen iPod Touch

If yes, do you use it to do music or video? _____ Yes _____ No

Which programs do you use?

Do you send any of the things you do to other people? If so, how?

Thanks for getting us all the important details!

After you're done filling in all the information be sure and save a copy of the completed form (via "save as" not "save") to your computer/laptop/typewriter/etc. Did she say typewriter? She did! At least I know that, you're still reading this! :)

Where was I... oh yes, saving the document. Saving it that way, will prevent you from having to fill it out all over again. Ah, now you're really focused. I wouldn't want to have to fill this out more than once either.

Be sure to get these forms back to us as soon as possible so that we can better prepare for the student's session.

Ways to do that:

Electronically: Pay for the session on our website then email this form to us at info@IMA.org

Manually: Print out the filled in document and send it to us at PO Box 867 Goshen MA 01032 with either a receipt for online payment or a check made out to IMA.

We look forward to Virtually *Rockin' the Summer* with you!