



Cumberland Valley School of Gospel Music Application

Name _____
Last First Middle Initial Name You Wish to Be Called

Address _____
Street City State Zip

E-Mail Address _____ Cell Number _____

Date of Birth _____ Age _____ Male Female

Parents/Guardians' Name _____

Home Phone _____ Cell Number _____

Additional Emergency Contact _____

Relationship to Student _____ Phone Number _____

List Allergies _____

Doctor and Phone _____

How will you be attending CVSGM? Dorm - OR - Commute Daily

Staying in a dorm? Who would you like to room with? _____

Enrollment (*check one*): Both Weeks First Week Only Second Week Only Night Classes Only

PRIVATE LESSONS - Five 30-minute lessons over the course of two weeks (please check, additional fees apply)

- Piano Voice Songwriting Fiddle Guitar
- Mandolin Banjo Dulcimer Bass Guitar Quartet/Trio Training

Emergency Release

In the event of illness or accident which requires medical treatment, at a time when a parent or legal guardian cannot be located or contacted in a timely fashion, I give permission for CVSGM and representatives thereof to secure medical emergency treatment and do hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child, I will not hold CVSGM, its representatives, or the medical personnel liable. This is done with the understanding that every attempt will have been made to contact a parent or other authorized person/guardian.

Student's Signature _____ **Date** _____

Parent/Guardian's Signature _____ **Date** _____

IMPORTANT: PARENT/GUARDIAN MUST SIGN APPLICATION OF MINOR BELOW 18 YEARS OF AGE.

Please Print and Mail to: Beth Johnson, 202 Corbin Street, Summertown, TN 38483

Please remember to enclose the NON-REFUNDABLE REGISTRATION FEE and include A COPY OF HEALTH INSURANCE COVERAGE with the application. Students are accepted without regard to race, creed, or national origin.