



# Cumberland Valley School of Gospel Music Application 2021

Name \_\_\_\_\_  
*Last First Middle Initial Name You Wish to Be Called*

Address \_\_\_\_\_  
*Street City State Zip Code*

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? (Please check one.) Dorm - OR - Commute Daily  
Staying in a dorm? Who would you like to room with? \_\_\_\_\_

Enrollment for 2021 is only one week- June 20-26th.

PRIVATE LESSONS - Three 30-minute lessons (Additional fees apply)  
Piano Voice Songwriting Guitar

**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.