Music For Nikhil©

The Nikhil Badlani Foundation, Inc. was formed to honor the memory of Nikhil Badlani, an 11-year-old West Orange student tragically lost in an automobile crash. Nikhil had a gift and a passion for music, and one of The Nikhil Badlani Foundation’s mission is to sponsor music lessons to deserving West Orange students. The Music for Nikhil© Program (the “Program”) was launched in January 2012. We are now offering lessons to the students for academic year 2020-21. Due to COVID-19, we will be offering lessons online.

Students that love music and singing should apply to the Program. The weekly hour-long lessons will be provided at no cost to the students. The students will have an opportunity to showcase their talents at the “Musical Celebration” in May/June. The lessons will take place after school hours at the school and transportation will be provided to the students. Day and times will be determined based on the availability of the instructors.

Please complete the attached application on or before Wednesday, November 11, 2020. The form may be submitted to Jodie Goldstein - jgoldstein@westorangeschools.org or Sangeeta Badlani at sangeeta@nikhilbadlanifoundation.org. Parents/Guardians will be contacted if their student is accepted.
First Name ______________________________ Last Name ___________________ Age ______
Grade _______________ School ________________________________
Street ____________________________________________________________ West Orange, NJ 07052
Phone (student) __________________________ Email (student) ________________________________
Father’s Name/Guardian ___________________ Phone ____________________________
Address ____________________________________________ (if different from student’s)
Mothers Name/Guardian ____________________ Phone ____________________________
Address ____________________________________________ (if different from student’s)
Email (Guardian) __________________________
Indicate if any applies to you: □ Free Lunch Program □ Reduced Lunch Program
School related co-curricular activities ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Extra-curricular activities ____________________________________________
_____________________________________________________________________________
List any allergies or medical conditions here. If none, please write the word “none”.
_____________________________________________________________________________
Please complete the waiver. Application without a signed waiver will not be accepted.

THIS WAIVER IMPACTS YOUR LEGAL RIGHTS-PLEASE READ IT CAREFULLY. Your signature below signifies you have read, understand the significance of and agreed to the WAIVER and each of its terms:

PARENT/GUARDIAN APPROVAL AND STUDENT WAIVER
This application is made with my/our full consent and approval. I/we certify that the above statements and attached documents are true. ______________ (Student’s name) has my (our) permission to participate in the Music for Nikhil© Program. I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) son/daughter, myself, my (our) heirs, executors and administrators, remise, release and forever discharge The Nikhil Badlani Foundation, and/or any other sponsors, organizers and volunteers and their assigns, successors and heirs, from any and all claims, demands, actions or causes of action, whether known or unknown, and whether existing or to come into existence, as against the Music for Nikhil Program or the Nikhil Badlani Foundation, arising from my child’s participation in the Music for Nikhil Program. I (we) hereby certify the minor is my (our) son/daughter and that his/her date of birth is ____________, and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of associated costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions, or unusual physical condition, which should be made known to a treating physician: ______________. Further, I grant permission to the Nikhil Badlani Foundation, its contractors, agents, sponsors, organizers, volunteers, trustees, and designees, and all their assigns, successors, and heirs, to use any photographs, motion pictures, recordings, and any other record of my son/daughter for purposes that further the goals of The Nikhil Badlani Foundation.

___________________________________________________________  ___________________________
Signature of parents(s)/guardian(s)  Date

___________________________________________________________  ___________________________
Signature of applicant  Date