



2019-2020 Registration Form (Adult)

Piano Voice

GENERAL

Registering for: 45-Minute Lessons 60-Minute Lessons 30-Minute "Mini" Lessons (by approval only)

Student Name (First/ Last) _____ Date of birth _____ Age _____

Address (Street/ City/ State/ Zip) _____

Primary Phone _____ Secondary Phone _____ Email _____

How often is email checked? _____ Preferred method(s) of contact: Phone Email Text

Emergency contact _____

Is it OK to send account statements via email? Yes No

Music on the Brain has a studio website, to which you'll be granted a unique User ID and Password. The portal allows users to check the schedule, sign up for group lessons and events, download extra materials, view the status of borrowed materials, view account statements, and make payments via credit card.

Will you be able to access to the internet in order to visit the studio's website? Yes No

How did you hear about Music on the Brain Piano Studio? _____

MUSICAL EXPERIENCE

Have you studied music before? Yes No

If yes, please describe (where, when, how long, what instrument, which books/programs, what was your experience, etc.)

What are your goals for taking lessons? _____

Does anyone else in your family or household play the piano or have a musical background? _____

BACKGROUND

What other hobbies or activities are you involved with or interested in? _____

Miscellaneous Information (allergies, dietary restrictions, disabilities, developmental concerns, religious considerations, etc.) _____

Is there anything else you would like me to know about you? _____

LEGAL

Media Release

Pictures and videos of my students, along with the students' first names/ last initials, are occasionally posted on the studio's website included in other studio publications. Do I have your permission to use pictures and videos of you, along with first name/ last initial, as described?

Yes No Comments _____

Studio Policy Disclaimer

I have received a copy of, thoroughly read, and understand the 2019-2020 Studio Policies. By registering in Music on the Brain Piano Studio, I agree to abide by the terms outlined the Studio Policies. I understand that all terms and conditions, policies, and procedures are subject to change at any time without notice at the discretion of Music on the Brain Piano Studio/ Sarah Folkerts.

Signature

Printed Name

Date Signed

Liability Release

I agree to participate in all activities of Music on the Brain Piano Studio. I assume all risks and hazards incidental to such participation, and do hereby release and waive all claims against Music on the Brain Piano Studio/ Sarah Folkerts.

Music on the Brain Piano Studio expressly disclaims all liability and responsibility of every kind and nature whatsoever for any loss, theft, damage, destruction, and/or other casualty to any personal property of any kind owned by any student, visitor, or other. I have been advised and warned I must personally take full responsibility for the safekeeping of all my property on studio premises and during any studio activities.

I understand that participation in Music on the Brain Piano Studio and its activities are voluntary. Therefore, any loss or injury suffered by me or to my property because of participation in any activity or use of equipment or facilities during lessons and/ or outside activities is my sole responsibility. I agree that I will not hold Music on the Brain Piano Studio/ Sarah Folkerts liable for any such loss or damage to my person or property.

Signature

Printed Name

Date Signed