



Musica Registration Form

MYC Class

Student's Name

Address

City **Postal Code**

Home Telephone **Email**

Student's Date of Birth: DD/MM/YY

Student's School

Parent #1 Name: **Preferred Phone:**

Parent #2 Name: **Preferred Phone:**

Special Medical Information:

How did you hear about us?

Parent Signature: **DD/MM/YY**

By signing this form, all students and their parents/legal guardians hereby
*acknowledge that they have read the Musica Music School Policies and agree to follow them;
*agree to release, indemnify and hold harmless Musica Music School, as well as all its Directors, Teacher, Contractors and any persons or entities authorized on Musica's behalf from claims for personal injury sustained in, on or about the facilities or in Musica sponsored events such as Recitals or Festivals;
*consent to allow photos, video/DVD or sound recordings to be taken during the course of their studies at Musica and for these materials to be used for promotional purposes or for purchase by Musica families;
*understand that Musica has a Privacy Policy in effect to safeguard personal information from unauthorized access, disclosure or misuse. Musica does not rent or lend its mailing list to third parties and maintains strict security systems.