



Musica Registration Form

MYC Class
Student's Name
Address
City Postal Code
Home Telephone Email
Student's Date of Birth: DD/MM/YY
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.