



131 HEKILI STREET, #209, KAILUA, HAWAII 96734, PHONE: 808-261-6142

Kailua Music School Registration/Agreement

This agreement for Kailua Music School is made out by and between Kailua Music School and the Client which is the party responsible for payment.

SERVICES: Music Lessons

TEACHER'S NAME: _____

PAYMENT AND TERMS \$25 registration fee upon entry into Kailua Music School. The registration fee of \$25 is good for the entire family. Please make a check out to "Kailua Music School" and give it to the teacher along with this registration form. Lesson fees are paid directly to the teacher. Rates may vary according to the teacher and instrument. We support our military families with free registration. If you qualify for free registration, please submit proof of military status with this registration form instead of a check.

CLIENT CONTACT INFO

Client Full Name: _____

Address: _____

City

State

Zip Code

Email: _____

Please provide two phone numbers, and circle the best phone number to reach you.

(cell): _____ (home): _____

STUDENT INFO

Student Full Name: _____ Student Age: _____

Instrument: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

PHOTOGRAPHY AND PUBLICITY RELEASE: I hereby authorize Kailua Music School and/or their designated agencies to use my photograph or video for print, web, video and broadcast, brochures, catalogs, advertisements, and other promotional material and media. I understand I will not be compensated for such use.

Print Client Name

Client Signature

Date

If the Student named above is under age 21, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of the Student named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Use this page for any additional student registration. It is assumed that family contact information provided on page 1 of this registration form.

STUDENT 2 INFO

Student Full Name: _____ Student Age: _____

Instrument: _____

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If the Students named above is under age 21, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of the Student named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

STUDENT 3 INFO

Student Full Name: _____ Student Age: _____

Instrument: _____

PHOTOGRAPHY AND PUBLICITY RELEASE: I hereby authorize Kailua Music School and/or their designated agencies to use my photograph or video for print, web, video and broadcast, brochures, catalogs, advertisements, and other promotional material and media. I understand I will not be compensated for such use.

If the Students named above is under age 21, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of the Student named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

STUDENT 4 INFO

Student Full Name: _____ Student Age: _____

Instrument: _____

PHOTOGRAPHY AND PUBLICITY RELEASE: I hereby authorize Kailua Music School and/or their designated agencies to use my photograph or video for print, web, video and broadcast, brochures, catalogs, advertisements, and other promotional material and media. I understand I will not be compensated for such use.

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Print Parent/Guardian Name

Parent/Guardian Signature

Date