

Vicki's Music Studio

Registration Form

2613 SR 81, Ada, OH 45810 (419) 679-8259 vickismusicstudio@gmail.com

Child's Name _____ Today's Date _____

Age: Years _____ Mos _____ Birthdate _____ Grade _____ School Attended _____

Sibling information: (If enrolling in any music class/lessons)

1) Name:

Age: Years _____ Mos _____ Birthdate _____ Grade _____ Class option: _____

2) Name:

Age: Years _____ Mos _____ Birthdate _____ Grade _____ Class option: _____

Parents or Guardians _____ E-mail _____

Address _____ City _____ Zip _____

Phone 1:

Phone 2:

Emergency Contact:

How did you hear about Vicki's Music Studio/Musikgarten/Children's Choir?

CLASS REGISTRATION: (www.vickismusicstudio.com) for class information

Desired class, day and time:

A completed registration, securing your place in class, includes the registration form, the release form, and tuition payment. A full refund will be given for any class canceled due to insufficient enrollment and for written notification of withdrawal received 8 days before class begins. A \$25 fee will be assessed for returned checks, payable in cash. Tuition will then be accepted in cash only.

I agree to the terms outlined above.

Parent/Guardian Signature & Date

Please remit payment to: Vicki Mills (or Vicki's Music Studio)
2613 SR 81, Ada OH 45810

Tuition:	\$ _____
Sibling Fee:	\$ _____
Registration fee:	\$ <u>15.00</u>
Total Due:	\$ _____
Amt. Paid: Check #/Cash	\$ _____

RELEASE FORM

Vicki Mills, 2613 SR 81, Ada OH 45810

June, 2021 – May, 2022

Child's Name(s) _____

Please initial each clause:

_____ I hereby authorize my child to participate in classes, auditions, and performances offered by Vicki Mills. By execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for my child's benefit and that such services constitute adequate consideration herein. I hereby release and forever discharge Vicki Mills and its employees and agents, from any and all claims, demands, rights and causes of actions of whatever kind that I may have, either on my own behalf or in my capacity as my child's legal representative, arising out of or in any way connected with my child's participation in this program. This includes, but is not limited to, any physical injury incurred by myself or my child while on the premises of Miss Vicki's Music Studio, or any other location designated by Vicki Mills. I further covenant and agree that for the consideration stated above, I will not sue any of the entities listed above for any claim of damages arising out of my child's participation in the program. By execution of this Release, I certify that my child is capable of safely participating in this program.

_____ I hereby consent to the dignified use by Vicki Mills, or any person, agent or entity affiliated with Vicki Mills, of my, or my child's picture, likeness or other representation which picture, likeness or other representation may be recorded or reproduced by means of photographic film, audio or video means. I furthermore consent to the dignified use of my picture, likeness, or other representation as stated in this clause.

I have read and fully understand the terms of this Release

Parent/Guardian's Consent (please print) _____ Date _____

Parent's Signature _____ Emergency Phone # _____

(# you can be reached during class if not present with child)

Please list medical or behavioral considerations of which the teacher should be aware: