

JD Music Studio

Student Orientation and Intake Form

(to be filled out by the student)

Please list other health concerns you feel I should know about:

Are there any other physical and /or emotional issues that may hinder your realizing your performance goals that you feel comfortable sharing with me? (i.e.: confidence issues, depression, ADD, bi-polar disorder, OCD)

** In the course of voice study your teacher may need to touch you at various points on the body (including and not limited to, upper and lower abdomen, upper and lower back, head, neck, and torso.) Please initial your consent for this appropriate manner of touch.

I have read and agreed to the policies stated in the contract including cancelation policies. The statements I have given are true to the best of my knowledge and I release Janine Dodd from any liability, including and not limited to any pre-existing conditions that may hinder or prevent my vocal, physical, emotional, artistic, a-vocational or vocational progress.

Student Signature: _____

Parent Signature (if under 18): _____

Date: _____