



Adult Band Form 2025

Registration From

5 Week s

Student Information

First Name: _____ Middle Intl. _____ Last Name: _____

Participant's Contact Information

Name and Contact Information	Contact In Case of emergency
First _____	Name and Contact Information
Last _____	First _____
Street Address _____	Last _____
Town/City _____ State ____ Zip Code _____	Street Address _____
Home Phone: _____	Town/City _____ State ____ Zip Code _____
Cell phone _____	Home Phone: _____
E-mail _____	Cell phone _____
Work Phone _____	E-mail _____
	Work Phone _____

Tuition \$150.00

A non-refundable \$50.00 deposit is required with this registration form.

Payment Type Preferred (Cash) or (Check) Cash _____ CK #: _____ Date Paid: _____

Date: _____ - Deposit of _____ = Balance: _____

Accepting M/C or Visa for full tuition payment. Please note there is a card fee of \$15.00. Date Paid: _____ Last four digits of card charged _____

Thank you for sharing music with us!

Contact Info: www.faceartsmusic.com - facearts@sbcglobal.net (860)526-1190 Child's Name: _____ Age: _____

Terms and Conditions:

I understand that I will be notified in case of a medical emergency involving my child. If I cannot be reached, I authorize the calling of a doctor and the provision of necessary medical services in the event my child is injured or becomes ill. In case of an emergency, and parent or guardian may not be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, Paramedic and/or Physician).

Please Initial items below

_____ I understand that Face Arts Music will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

_____ Waiver: Photo, promotional Release: I hereby give permission to be photographed during the Face Arts Music Program(s). I understand the photos and/or videos will be used to keep a journal of activities, to share during power point presentations, and for promotional purposes including flyers, brochures, newspaper and on the internet. Your photos, videos and quotes may be used for publicity purposes. I do not expect compensation and that all photos & videos are the property of Face Arts Music.

_____ Fees: I understand that no fees will be refunded or transferred unless a child is not to participate due to an accident or illness per physician's order.

Program Requirements and Wavier

Sign here X _____ Date: _____

Signing this form: _____

Please check ☒ **how you heard about Face Arts Music's Summer Camp**

Heard about Munchkin Music from: School Music Teacher _____ Current Student _____ Website _____ Word of Mouth _____

Flyer _____ Other _____