



## Youth Rock Band

### Registration and Release Form

6 Weeks Saturdays 2:30 PM – 4:30 PM Begins January 29, 2026

**Please complete this section for Participant:**

First Name: \_\_\_\_\_ Middle Intl. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list your instruments in order of proficiency and indicate whether you are at an Intermediate or Advanced level for each.

Instrument(s) 1. \_\_\_\_\_ level  Intermediate  Advanced

2. \_\_\_\_\_ level  Intermediate  Advanced

3. \_\_\_\_\_ level  Intermediate  Advanced

**Parent or Guardian - Contact Information**

**Emergency Contact Information**

First \_\_\_\_\_

Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

#### Contact In Case of emergency

Name and Contact Information

First \_\_\_\_\_

Last \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

#### Tuition \$175.00

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!*

Legal Guardian of a minor participant must complete this section, date and sign this form in order for a minor to participate in this program.

Please initial each item below, then sign and date this form.

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#### Medical Treatment

I understand that I will be notified in the case of a medical emergency involving my child. If I cannot be reached, I authorize emergency medical care in the event that my child is injured and in need of medical treatment including treatment by EMTs, first responders, paramedics, and/or physicians.

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.

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#### Photo and Promotional Release

I hereby grant permission to allow the participant (minor child) to be photographed and/or recorded during Face Arts Music program(s). I understand that photographs, video recordings, and/or audio recordings may be used to document activities, for presentations, and for promotional purposes, including but not limited to flyers, brochures, newspapers, social media, and the internet. I understand that my child's (participant) image, likeness, voice, and/or quotes may be used for publicity purposes without compensation, and that all such materials are the property of Face Arts Music.

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Face Arts Music and its co-organizers are not responsible for lost or damaged of participants individual property.

#### Tuition & Fees

I understand that all fees are non-refundable and non-transferable, except in the event that a participant is unable to participate due to accident or illness and provides written verification from a physician.

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#### Acceptance of Program Terms, Conditions, and Waiver

By signing below, I acknowledge that I have read, understand, and agree to the Program's Terms, Conditions, and Waiver.

Signature:

X \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Person Legally Authorized to Sign: \_\_\_\_\_

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How did you hear about Face Arts Music's Rock Band Program? (Please check one or more of the options listed below)

- Current Student
- Website
- Word of Mouth
- Flyer
- Other: \_\_\_\_\_