



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

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.

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.

_____ 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.

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: _____

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: _____