



## Adult Band 2026

### Registration/Release Form

6 Weeks **Please select your preferred session:**

**Tuesdays 12:30 PM – 2:00 PM**  
**Begins January 27, 2026,**

**Fridays 7:00 PM – 8:30 PM**  
**Begins January 30, 2026**

**Please complete this section:**

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

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

#### Participant's Contact Information

#### Emergency Contact Information

<b>Name and Contact Information</b>			
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!***

### Medical Release Information

#### Program Terms, Conditions, and Waiver

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

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#### *Medical Treatment*

\_\_\_\_\_ I acknowledge and agree that Face Arts Music shall not be held responsible for any medical expenses incurred because of participation in this program, and that all such expenses shall be my sole responsibility.

\_\_\_\_\_ I authorize emergency medical care in the event that I am injured or unable to communicate, including treatment by EMTs, first responders, paramedics, and/or physicians.

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#### *Photo and Promotional Release*

\_\_\_\_\_ I hereby grant permission 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 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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#### *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 options)

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