



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

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 \$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.

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.

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.

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 options)

☐ Current Student

☐ Website

☐ Word of Mouth

☐ Flyer

☐ Other: _____