



Registration and Contract for Group Music Classes

Client Name: _____ Client's Birthday: _____

Parent/Guardian Names: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Medical Concerns: _____

Allergies: _____

Diagnoses: _____

Other Comments: _____

How did you hear about this program?

Name	Cost	Check
Music & My Family (0-5)	\$15 per session x 8 + \$25 Registration = \$145	
Music & My Family (0-5)	<i>Second Child Rate ONLY</i> \$10 per session x 8 = \$80	
Music on the Move (3-4)	\$15 per session x 8 + \$25 Registration = \$145	

Schedule:

Please check the LOCATION, DAY & TIME of the program you are registering for axonmusictherapy.com → Services → Group Programs

Absences: If you miss a session or are late for a session for any reason, it will not be refunded. If you or your child is not feeling well, please do not attend the session.

If the Waterloo Region School Board buses are cancelled, the session is CANCELLED and will be rescheduled at a mutually convenient time. If the therapist cancels a session it will be rescheduled.

Possible Risks as a Result of Services

By signing this contract the caregiver and client recognize that there are possible physical risks as a result of attending music therapy sessions. By signing this document the caregiver is recognizing that neither the therapist nor their company is responsible for any physical harm to the client, their caregiver or others they bring to the session. Neither the therapist nor their company is responsible for lost, broken or stolen items of the clients/caregivers.

Client/Caregiver Responsibilities

- Respect other people, objects and themselves
- No food or drinks (except water)
- Please wash your hands upon arrival
- Please do not wear outdoor shoes or boots
- If a client or caregiver damages an instrument or other item and the replacement cost exceeds \$20, the client or caregiver is responsible for incurring the total replacement cost
- Thank you for turning off your cell phone during class time!
- Programs is scent-free & nut-free. Please wear or bring SOCKS to the session
- Children age 0 - 8: Parent/Caregiver is required to ATTEND ALL SESSIONS
- Participants agree that Axon Music Therapy may correspond by email to the address provided by the participant.

Payment

Cash or post-dated cheque (For program start date) is required to reserve spot
Mailed or dropped off to Axon Music Therapy, 82 Rife Ave, Cambridge, ON N3C 2G7
Or e-transferred to janel@axonmusictherapy.com

No refunds issued for cancellation, withdrawal, absenteeism or any other reason that causes limited participation in the selected program

Informed Consent

By signing this contract I recognize that I am voluntarily agreeing for _____ to receive music therapy services.

If you agree to the terms as outlined above, please so indicate by signing in the appropriate spaces.

I consent to taping of sessions:

Audio _____ Video _____

I consent to the use of:

First names _____ Pseudonyms only _____

I consent to use of clients information in presentations and educational settings:

Yes _____ No _____

I consent to use of clients information online, in advertisements and in social media settings:

Yes _____ No _____

Caregiver Signature

Date