



Registration and Contract for Music on the Move

Client Name: _____ Client's Birthday: _____

Parent/Guardian Names: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Medical Concerns: _____

Allergies: _____

Diagnoses/Behaviour Challenges: _____

Interests/Music Preferences: _____

Other Comments: _____

How did you hear about this program?

Absences:

If you miss a session or are late for a session for any reason, it will not be refunded. 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
- Thank you for turning off your cell phone during class time
- Children age 0 - 5: 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
- Parking is available on the ROAD facing UPHILL

COVID Policy

- Upon arriving for class, the COVID questionnaire will be posted outside. Please answer the questions. If you answer YES to any of the questions do not enter the studio
- Once you enter the studio, everyone (over 5 years old) is required to **WEAR A MASK**
- Everyone must **WASH or SANITIZE HANDS**

Payment

Cash or cheque is required to reserve spot 1 week prior to program start date
 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