



Registration and Contract for Music Therapy Groups

*Form only required for first session attended

*Terms apply to all subsequent sessions attended

Client Name: _____ Client's DOB: _____ Age: _____

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?

Schedule:

Please check one or multiple

| Feb 1 | March 7 | April 4 | May 9 |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 the session
- Programs is scent-free & nut-free. Please wear or bring SOCKS to the session
- Parent/Caregiver is required to ATTEND ALL SESSIONS for the entire length of the session
- Participants agree that Axon Music Therapy may correspond by email to the address provided by the participant.

Payment

Cash or post-dated cheque is required at least 1 week prior to session 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 participate in the Music Therapy Group

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