



Registration and Contract for Virtual 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?

\_\_\_\_\_

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 - 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 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