



# MUSIC STUDENT REGISTRATION FORM

Date: \_\_\_\_\_

Gender: M / F / Other

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name (if under 16): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Information (Please provide any additional information that you feel AAMPS should know, IE: Allergies, Medical Concerns, etc...):

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT INFORMATION	
Name: _____	Phone Number: _____
Relationship to Student: _____	

AAM celebrates birthdays, may we send you a birthday card? Y / N

AAM from time to time has special promotions and events, may we contact you when we have these? Y / N

I have read and understand the Lesson Fee and Payment Policy (please initial) . \_\_\_\_\_

By signing below, I certify all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature (Parent/Guardian if a Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date