



Columbia Music School

2019-2020 REGISTRATION FORM

Student Information

Name: _____ Grade: _____ Age: _____
Last First Middle

Birth date: _____ Your instrument(s): _____ Years Studied _____
Month - Date - Year

School/Education: _____ Music Instructor (if any): _____

Guardian Information* **By filling out this form, you are consenting CMS instructors to teach your child.*

Guardian(s): _____
Dr. / Mr. / Mrs. / Ms. Dr. / Mr. / Mrs. / Ms.

Address: _____
Street Address City State Zip

Phone: _____
Cell Home

E-mail: _____

Photo Release:

I/We give permission for the Columbia Music School to take and use photos of my/our child for publicity purposes. Students will never be identified by name without your permission.

Signature(s): _____ Date: _____, 2019
GUARDIAN(S)

Medical and Emergency Information

Emergency Contact Name: _____ Relationship: _____

Contact Phone Number(s): _____

Name of Doctor: _____

Hospital Preference: _____ Insurance Policy Number: _____

Doctor's Phone: _____ Insurance Carrier: _____

Member Number: _____

Allergies/Medications/Medical Conditions: _____

I/We have medical, health or accident insurance for my/our child. Yes No

Minor Release Form:

- I/We give my/our permission for my/our child _____ to participate in all regular class and performance activities of the Columbia Music School programs.
- I/We give authorization to supervisory personnel of the Columbia Music School to consent to any medical attention, treatment, medication, surgery or hospital care rendered, upon the advice of a licensed physician, to my/our minor child while under the supervision of such supervisory personnel of the Columbia Music School.
- I/We fully release the Columbia Music School, its members, employees, and volunteers, of and from any and all responsibility, liability or both, for any and all bodily injuries, damages, or property damage or loss sustained by my/our child while participating in any planned activity of the Columbia Music School.
- This release does not apply to intentional acts or gross negligence on the part of any individual performing service for the Columbia Music School program in connection with any activity, but shall apply to all other bases of liability.
- I/We indemnify the Columbia Music School and each of its members, employees, and volunteers, and hold them harmless from all claims, suits, liabilities and actions of every kind and nature arising out of injuries to or the death of my/our child while participating in any planned activity of the Columbia Music School program and for any and all injuries, damages or both, occurring because of the negligent or intentional acts of my/our child while engaged in the activity or in transit to and from.

Signature(s): _____ Relationship(s): _____
GUARDIAN(S)

Print Name: _____ Date: _____, 2019

Private Teacher Information *Check here if you do not study with anyone privately.*

Name of the private instructor: _____
Dr. / Mr. / Mrs. / Ms. INSTRUMENT?

Address: _____
Street Address City State Zip

Phone: _____
Home Cell

E-mail: _____

I, _____, give permission to my student _____
PRINT INSTRUCTOR'S NAME PRINT NAME

to take all or some (specify below) classes at the Columbia Music School.

SIGNATURE DATE

My student is allowed to take: All classes Piano Ensemble Sight Singing History & Listening