



# 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: \_\_\_\_\_, 2020

**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    Theory    Chamber Music (Private)