

Holmes Studio of Dance, Music & Wellness
43-45 Parsons Street
Easthampton, MA 01027
413-527-5300

Music Student Registration Form 2005-2006

Name: _____

Address: _____ Town/Zip _____

Parent's Names: _____

Phone Number: _____ Work Number: _____

Age/Birth date: _____

Academic School: _____

Email address: _____

In case of emergency, please contact: _____

Doctor's name and phone number: _____

Are you allergic to anything? _____

Are there any medical conditions that we should be aware of? _____

Music Classes Registering for:

1. _____ 2. _____

Day / Time _____

Teacher's Name _____

Previous Musical / Performing Arts Experience:

If you are new to the studio, **how** did you hear about us?

Please sign and date the following:

Parents, legal guardians of minor students and adult students waive the right to any legal action for any injury sustained on school property resulting from normal lesson activity or any other activity conducted by the students before, during or after lesson time.

I give my permission for my son/daughter _____ to take classes at the Holmes Studio of Dance, Music & Wellness.

I also agree to adhere to the payment schedule as noted in "Payment & Policies Handout". Negligence in payment will result in late fees and/or withdrawal from program.

Signed: _____ date: _____