

*Holmes Studio of Dance, Music & Wellness*  
*43-45 Parsons Street*  
*Easthampton, MA 01027*  
*413-527-5300 or 413-533-3535*  
*www.holmesdance.com*

**Student Registration Form 2008-2009 ( MUSIC LESSONS)**

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

Address: \_\_\_\_\_ Town/Zip \_\_\_\_\_

Parent's Names: \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

Age/Birth date: \_\_\_\_\_

Academic School: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

In case of emergency, please contact:

\_\_\_\_\_

Doctor's name and phone number: \_\_\_\_\_

Music Lessons (Class) Registering for:

1. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ am/ pm

Are you allergic to anything? \_\_\_\_\_

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

Previous Musical experience:

If you are new to the studio, **HOW DID YOU HEAR ABOUT US?**

Please sign and date the following:

I am informed and understand that the performing arts, especially dance and aerobics, involves strenuous physical activity which necessarily includes the risk of falls, twists, joint injuries, ligament and muscle strain and damage which can result in physical injury. Nevertheless, I accept for myself and my student/child all risk of harm or injury related to the courses of instruction at Holmes Studio of Dance, Music & Wellness and agree to indemnify and hold harmless the Holmes Studio of Dance, Music & Wellness its' offices, teachers, employees, agents and invitees for any such harm or injury unless caused by willful or gross negligence amounting to the same thing.

I give my permission for my son/daughter \_\_\_\_\_ to take Music Classes at the Holmes Studio of Dance, Music & Wellness. I also agree to pay for lessons in advance as outlined with attached music payment policy page. Negligence in payment will result in late fees and/or my student(s) being removed from class. Any changes to the payment schedule must be pre-approved by the owners of the studio.

REGISTRATION FEE 

\$15.00
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Signed: \_\_\_\_\_ date: \_\_\_\_\_

