

# DePauw University School of Music Community Music Program

## ONE-ON-ONE LESSON STUDENT REGISTRATION FORM

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

### **Emergency Contact Information**

Name: \_\_\_\_\_ # \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_ Relation: \_\_\_\_\_

### **Instructor Information**

Area/Instrument: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Current Instructor (if any): \_\_\_\_\_

*The \$35.00 registration fee and the first lesson payments should be made payable to DePauw University and submitted with this registration form. All subsequent lesson payments should be paid directly to the instructor. There is no payment due to the instructor during the student's first lesson. Each student is enrolled in the Community Music Program for the entire semester. Please inform the instructor as soon as possible if you must end lessons. Once the first lesson is completed, registration fees are no longer refundable.*

*Please familiarize yourself with the Community Music Program's Student Handbook, which can online at <http://music.depauw.edu/programs/m2/lessons>.*

### **General Release of Liability**

\* The undersigned individual agrees to release and hold harmless DePauw University, its employees, its Officers, Board of Trustee members, students and student organizations of any and all personal financial liability and/or liability for personal bodily injury that might occur while voluntarily engaging in activities on the campus or within its buildings.

\* I authorize the Program and/or DePauw University to publish or release to the media any pictures of myself taken during my time as a participant in the Program for promotional or recognition purposes only. Yes \_\_\_\_ No \_\_\_\_

**I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Participant's Full Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_