

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 2010/11 (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

Signed: _____ date: _____

