Central Minnesota Music School at CCCC
Registration Form

Please Print

Student Name_____D.O.B._____

Address_____City_____Zip_____

Home Phone_____Work/Cell_____

Child's Teacher_____Grade_____

Mother's Name_____Work/Cell_____

Father's Name_____Work/Cell_____

E-mail:_____

Other Emergency Contact_____Phone_____

Class: *Private* *Group* Day of Week_____
(Circle One)

Prior Lessons:

Instrument_____Yrs. Studied_____

After Class (if a minor):

All children attending Kidstop must check in and out with Kidstop staff before and after each class. All children who are not picked up on-time, will be sent to Kidstop. The parent or legal guardian will be held responsible for the Kidstop fee(s).

My child will: ____attend Kidstop ____be picked up by Parent/Guardian

Release Waiver:

I, a parent or legal guardian of the above named student, agree to indemnify and hold harmless Kristi Padron, Central Minnesota Music School and School District 742, from all such claims for which the aforementioned are named liable, and all legal fees incurred in connection with the enforcement of this agreement. I agree to pay all expenses for improper use or damage to equipment by my student. I also authorize Kristi Padron to act in a responsible fashion in case of emergency regarding immediate care or treatment for injury or illness, and do authorize and consent to treatment by a physician or trained professional if deemed necessary.

Participant Signature (if 18 or older)_____Date_____

Parent Signature (if under 18)_____Date_____

Registrations can be mailed to: Central MN Music School, P. O. Box 2, Maple Plain, MN 55359.