



Clearview Community Guitar Lessons 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 _____

Other Emergency Contact _____ Phone _____

Class: Private _____ Group _____ Day of Week _____

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.