

**COMMUNITY MUSIC PROJECT REGISTRATION
2025-2026**

STUDENT NAME: _____

INTERESTED IN (violin, viola, cello, piano, clarinet, voice): _____

STUDENT ADDRESS: _____

STUDENT DATE OF BIRTH: _____

STUDENT PHONE: _____

STUDENT EMAIL: _____

SCHOOL & GRADE: _____

HEALTH OR MEDICAL ISSUES/ALLERGIES: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: _____

PARENT/GUARDIAN EMAIL: _____

ALTERNATE CONTACT PERSON INFORMATION

NAME: _____

ADDRESS (if different from student): _____

PHONE: _____ EMAIL: _____

In signing this application, I agree to acquaint myself with the rules of the music school and to abide by them in spirit as well as by the letter. Further, I verify that I and/or my parent or guardian have read and signed the *ACCIDENT AND INJURY WAIVER AND RELEASE OF LIABILITY FORM* and agree to abide by the terms therein defined. I understand that I and/or my parent or guardian will be held responsible for any damage they may cause to church property, including instruments in my care.

X _____
Parent/Guardian signature (If student under 18)

X _____
Student signature (If student 18 or older)

Date Signed

REGISTRATION FEE: \$25 PER CLASS, \$50 MAXIMUM PER FAMILY

Checks payable to: **COMMUNITY MUSIC PROJECT**