

STUDENT INFORMATION

Student Name:		Date of Birth:
Mailing Address:		
City:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:
Email:		
I would like to receive Kamloops Symphony email newsletters. Yes <input type="checkbox"/> No <input type="checkbox"/>		

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name 1: <i>If Applicable</i>		
Mailing Address <i>(if different from above)</i>		
Home Phone:	Cell Phone:	Work Phone:
Email:		
Parent/Guardian Name 2: <i>If Applicable</i>		
Mailing Address <i>(if different from above)</i>		
Home Phone:	Cell Phone:	Work Phone:
Email:		

The above contact information must be filled out for a registration to be considered complete.

LESSON/CLASS INFORMATION

Instrument or Class:	Teacher:	<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student	
Preferred Day:	Preferred Time:	Length of Lesson/Class: <input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 60 Minutes	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
Instrument or Class:	Teacher:	<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student	
Preferred Day:	Preferred Time:	Length of Lesson/Class: <input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 60 Minutes	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly

I acknowledge and agree to be responsible for my safety (and the safety of my child) while on the premises of the Kamloops Symphony Music School. Further, I accept responsibility for damage caused to the facility by my actions (or those of my child) and agree to indemnify the Kamloops Symphony Music School for any damages arising as a result of those actions. Yes

- I have read and agree to adhere to the General Information & Policies: Yes
- I have read and agree to adhere to the Student & Parent/Guardian Code of Conduct: Yes
- I have read and agree to adhere to the Student & Parent/Guardian Health & Hygiene Policy: Yes
- I agree to receiving monthly informational newsletters pertinent to the KSMS: Yes

SIGNATURE _____ DATE: _____
Student (or Parent/Guardian if Student is under 18)

PRINT NAME _____
Student (or Parent/Guardian if Student is under 18)