

PIANO PALS

Spring 2008 Registration Form

Student's Name: _____ [] Male [] Female
 Grade: _____ Teacher's Name: _____
 Parents/Guardians' Names: _____
 Address: _____ Home Phone: _____
 Work Numbers: (Father) _____ (Mother) _____
 Cell Phone Numbers: (Father) _____ (Mother) _____
 Email Address: _____

We use email as a primary method of communication. Do you check your email regularly? [] Yes [] No

Emergency contact (if the individuals listed above cannot be reached):

Any known medical conditions and allergies: _____

New Students: please provide your level of experience: _____

Returning Students, please list current book and page number: _____

Will your child come from Aftercare at CLES? [] yes [] no

Will a parent/guardian be able to attend the lesson? [] yes [] no

Are you interested in getting private lessons for your child instead of a group lesson at additional cost, if space permits? [] yes [] no

Classes are scheduled on Wednesdays and Thursdays, beginning at 3:25 p.m. Please identify the times your child is AVAILABLE by placing a "YES" in EACH corresponding box. Due to limited space, the failure to provide us with several options may prevent us from scheduling your child.

Wednesday:		Thursday:					
3:25 p.m.		5:25 p.m.		3:25 p.m.		5:25 p.m.	
3:45 p.m.		5:45 p.m.		3:45 p.m.		5:45 p.m.	
4:05 p.m.		6:05 p.m.		4:05 p.m.		6:05 p.m.	
4:25 p.m.		6:25 p.m.		4:25 p.m.		6:25 p.m.	
4:45 p.m.		6:45 p.m.		4:45 p.m.		6:45 p.m.	
5:05 p.m.		7:05 p.m.		5:05 p.m.		7:05 p.m.	

RELEASE: I, as the parent or legal guardian of the above-named child, hereby give permission for his/her participation in this activity. I further authorize, without my prior approval, the rendering of any emergency medical treatment should the above-named child become ill or injured while participating in this activity.

In consideration of the permission granted to the above-named child to participate in this activity, I do hereby agree, on my own behalf and on behalf of the above-named child, to release the Centennial Lane Elementary School PTA (CLES-PTA) and its officers, members, agents, representatives, and volunteers, from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the CLESPTA or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to the above-named child's participation in this activity.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. Please make a copy of this form for your records.

_____ Signature of parent or Guardian	_____ Date
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