

## **New Student Registration**

Thank you for your interest in Joyful Noise Music. To register: Complete and return this form on the first day of class.

| Student Name                  |                          |       |  |  |
|-------------------------------|--------------------------|-------|--|--|
| Age                           | Birth Date               | Grade |  |  |
| Parent Name(s)                |                          |       |  |  |
| Address                       |                          |       |  |  |
| City                          | State                    | Zip   |  |  |
| Home Phone                    | Mobile Phone             |       |  |  |
| E-mail Address                |                          |       |  |  |
| Emergency Conta               | ct and Number            |       |  |  |
|                               |                          |       |  |  |
| Medical Informati             | on                       |       |  |  |
| Any Known Allergies           | :                        |       |  |  |
| Any Known Commur              | nicable/Infectious Disea | ses:  |  |  |
| Any Known Medical Conditions: |                          |       |  |  |
|                               |                          |       |  |  |
| Experience                    |                          |       |  |  |
| Please list any previo        | ous experience           |       |  |  |
|                               |                          |       |  |  |
|                               |                          |       |  |  |
| Parent Signature              |                          | Date  |  |  |



## Parent Agreement Form

In desiring to enroll our child in Joyful Noise Music, I agree to the following conditions:

- To cooperate with the academy, seeing that my child is in a good state of health every day in attendance.
- I agree to pay a monthly tuition fee by the 1st of each month.
- I understand that a late fee of \$10.00 will be charged to my account if paid after the 10th. I understand there will be a service charge of \$25.00 for all returned checks. Monthly and Yearly tuition and all fees are non-refundable and non-transferable.
- I agree that the academy, the owner, the staff of Joyful Noise Music and The November Room are hereby released from all claims arising out of an accident or mishap that may occur in connection with the operation of Joyful Noise Music.
- I agree to notify the academy 30 days prior to the withdrawal (by e-mail or in writing) of my child from class, so charges may be stopped. Any accounts paid for in full for the month or any fees already received are non-refundable.

| Person responsible for student's account:  Phone number of responsible party: |                  |  |  |  |
|---|------------------|--|--|--|
|   |                  |  |  |  |
| Date:   | Student's name:  |  |  |  |
| Signature of par  | ent or guardian: |  |  |  |



## Photo Release

I hereby grant Joyful Noise Music permission to use my likeness in a photograph and/or in any and all of its publications and communications including web-site entries and on facebook.

I understand and agree that this is without payment or any other consideration.

I understand and agree that these materials will become the property of Joyful Noise Music and will not be returned.

I hereby irrevocably authorize Joyful Noise Music to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Joyful Noise Music or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electonic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph/video.

I hereby hold harmless and release and forever discharge Joyful Noise Music from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

| I am 21 years of age and am competent<br>before signing below and I fully underst | •          |                            |
|---|------------|----------------------------|
| I hereby cerify that I am the parent or g give my consent without reservation to  |            | , and do hereby<br>person. |
| (Parent/Guardian's Signature)   | (Date)     | _                          |
| (Parent/Guardian's Printed Name)  | <br>(Date) | _                          |