

"giving wings to the music inside you"  
**Bergthorson Academy of Musical Arts**

21-22621 Loughheed Hwy. Maple Ridge B.C.  
604 467-6613 604 417-3603

**STUDENT REGISTRATION 2009-2010 (one form per instrument or class)**

Student Name \_\_\_\_\_ Gender: M F Birth Date \_\_\_\_\_

Which instrument or class are you registering for? \_\_\_\_\_

List previous music lessons or training and present skill level \_\_\_\_\_

Preferred Day (s) and Time(s) of class \_\_\_\_\_

Name(s) of Parents (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mom's/Dad's Cell Phones \_\_\_\_\_

E-mail Address \_\_\_\_\_ Confirm e-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Emergency contact – name and phone no.: \_\_\_\_\_

Please list any special needs or information that we need to be aware of \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

It is our policy to practice equal access for student enrollment and advancement. The **Bergthorson Academy of Musical Arts** will endeavour to provide these opportunities regardless of race, religion, color, national origin, age, sex or ability.

I agree to pay \$ \_\_\_\_\_ per 30 45 60 minutes weekly bi-weekly or \_\_\_\_\_ (full amount) per semester.

Deposit \_\_\_\_\_ Administration fee (Non-Refundable) \_\_\_\_\_ TOTAL \_\_\_\_\_

▪ Person responsible for registration and monthly fees: \_\_\_\_\_

**PAYMENT METHOD:**

◆ Post-dated cheques Visa Cash by semester only

**Post-dated cheques to June 2010 or Visa number MUST be submitted within 7 days after start date.**

Depending on the day of lessons, some months will have 4 lessons and some will have five-see calendar on back of Policy form. Fees for short-term classes may be paid in one installment. Please make cheques payable to: **BAMA (Bergthorson Academy of Musical Arts)**. To ensure proper credit please include child's name and class on the cheque.

Signature (Or Signature of Parent/Guardian) \_\_\_\_\_

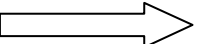
**Please read and initial the following:**

I understand I must give 2 weeks notice to Judith before terminating lessons \_\_\_\_\_

I understand we do not miss lessons; there are lessons on all school breaks and government holidays. \_\_\_\_\_

Lessons are paid for whether attended or not: make-up lessons are given ONLY for severe illness at the discretion of the instructor. 24 hours notice required \_\_\_\_\_

I understand there is a \$15.00 fee for permanently changing my lesson time and/or day. \_\_\_\_\_

**Turn Over** 

**Office Personnel Only:**

**FIRST LESSON TO BEGIN: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_**

**INSTRUMENT \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ INITIAL DEPOSIT OR PAYMENT: \$ \_\_\_\_\_**

**\*Visa \*Cheque \*Cash \_\_\_\_\_ DATE \_\_\_\_\_ PAID BY \_\_\_\_\_**

**Release form:**

I hereby approve of my child's attendance at the *Berghorson Academy of Musical Arts* and certify that he/she is in good health and able to participate in program activities. I authorize that the directors act for me according to their best judgment in any emergency requiring medical attention. Furthermore, I release any and all rights and claims for damages against *Berghorson Academy of Musical Arts* and its staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of activity within the *Berghorson Academy*.

(Guardian's) Name \_\_\_\_\_ Signature \_\_\_\_\_

I understand that photos/video footage may be taken to promote future BAMA programs either as print or Internet media. I give full authorization to BAMA to utilize photos/video footage and acknowledge no compensation of any sort shall be received.

(Guardian's) Name \_\_\_\_\_ Signature \_\_\_\_\_

**Fees and policies subject to change without notice.**