



STUDENT MUSIC LAB REGISTRATION:

Student Name: _____

Email: _____

Phone: _____

PARENT or GUARDIAN NAME: _____

PARENT or GUARDIAN Phone: _____

Address: House No. _____ Street Name _____ City _____ State _____ Zip Code _____

-Have you ever taken music lessons before? _____
-If yes, what lessons did you take? _____
-Do you or a family member own an instrument? _____
-If yes, what instrument(s)? _____

PHOTO/VIDEO RELEASE:

I grant permission to Maxwell's House of Music to use photos taken of me &/or my minor child/dependent at Maxwell's for publicity, promotional, advertising, or web content reasons. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me for any reason.

SIGNATURE: _____

STUDENT: I commit to attending all classes. One absence is excused, but not on the final day of the program. That's the concert!

I will be there!

Student's Signature: _____

IF STUDENT IS A MINOR: Parent or Guardian:

I can get my student to Maxwell's House of Music, 1710 E. 10th St, Jeffersonville for the Saturday classes (1 hour each). I understand there is 1 excused absence, but all students being in attendance is needed for the final concert.

I will get them there!

Parent or Guardian Signature: _____

INSTRUMENT: (circle one)

Drums Bass Keyboards Guitar Vocals

For More Information,
Call Toni at Maxwell's Music
812-283-3304

OFFICE USE:
Which Lab Session & Date: