

After School Instrumental Lessons Program Registration Form

Student Name: _____ Male or Female (circle one)

Middle School: ___ **Kelly MS** ___ **Teacher's Memorial MS**

Instrument _____ Years Playing (circle one) **0 1 2 3**

Address: _____
(street) (town, state, zip)

Home Phone: _____ Work/Cell Phone: _____

Parent Email: _____

Emergency Contact: (Name & Phone number) _____

Medical Information

Please note that medical information is for emergency use only & will be kept confidential.
Please list any medical issues we should be aware of (allergies, asthma, etc):

Please list any physical limitations your child may have that would affect participation:

Parental Permission

I give permission for any photos of my child to be used by the school, media or press release

YES NO (please circle one)

My student:

___ is part of the Aspire Program and will be using bus transportation.

___ is not part of the Aspire Program and will be using bus transportation.

___ is not part of the Aspire Program and I will provide transportation for my student.

Parent Signature _____ Date _____