



ADULT APPLICATION FOR (PLEASE CHECK ONE):

NEW GROUP STUDENT RETURNING STUDENT WAITING LIST

DESIRED START DATE _____ / _____ / _____

PROGRAM

Program interested in (please check one):

Beginning Level 1 Level 2 Level 3 Level 4 Private Lessons

APPLICANT INFORMATION Please print.

NAME _____
First Middle Last Preferred Name

ADDRESS _____
Full Street City State Zip

HOME PHONE _____ MESSAGE/CELLPHONE: _____

EMAIL _____

BEST WAY TO CONNECT WITH YOU: by Phone by Email by Text Date of Birth _____ / _____ / _____ Age _____ Male Female

EMERGENCY NUMBER _____ NAME _____ RELATIONSHIP TO YOU _____

SPECIAL CARE (Allergies, asthma, disabilities) _____

CURRENT MUSIC SCHOOL/ MUSIC TEACHER _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

****CERTIFICATION AND RELEASE:** I have read and understand the application and the statements made by me are complete and true to the best of my knowledge and belief. I hereby authorize Piano4Everyone and/or its agents (hereafter "company") the right to use my photographs for the purpose and/or use, in promotional and educational materials including, but not limited to pamphlets, websites and brochures. I acknowledge that company shall have all copyrights in and of such photographs and may use such copyrights fully. I hereby release company and its administration from all liability connected with the taking and use of said materials. In addition, I waive all rights, interests, or claims for payment in connection with any exhibition or release of said materials. I acknowledge that this consent is voluntary.

In addition, I understand that there is a non-refundable registration fee. Should the Piano4Everyone cancel a class, we will issue a transfer, credit or full refund. Classes must meet the minimum enrollment. I understand that there is only one make-up class per session. I am committing to pay according to the program and payment plan chosen. I do hereby release and forever discharge Piano4Everyone, the studio instructor, and the studio owners, from any and all actions, claims, and demands for, upon or by reason of damage, loss or personal injury which may be sustained me during the course of or as a result of this musical activity.

We (I) certify that the information provided on this application is true and accurate.

Signature of Parent/Guardian _____ Date _____

Please submit this application by postal mail or email to:

PIANO4EVERYONE

6047 TAMPA AVE., SUITE 309
TARZANA, CA 91356

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piano@piano4everyone.com