

North Valley Music School *Registration Form*

Name _____

Birth date _____

Parent/Guardian _____

E-mail _____

Address _____ City _____

Home Phone _____ Alt. Phone _____

Emergency Contact _____

Emergency Contact Phone _____

Any health issues/dietary restrictions? _____

Class Title & Session _____ Fee _____

Total \$ _____

If parent is unavailable, I hereby authorize NVMS staff as agents of the undersigned to consent to medical treatment in an emergency. I hereby release and discharge NVMS for any and all claims for personal injury.

Parent Signature _____ Date _____

Please mail form and check made out to NVMS to:
North Valley Music School
PO Box 4446, Whitefish, MT 59937

Registration and \$25 deposit will reserve your place in a class. Full payment is due by the first day of class. Advance payments and deposits are fully refundable up to 2 weeks before the start of class.

