

Registration Form

Music Group Classes

Student Name: _____ Date of Birth (child only): _____
Street Address: _____ City & Zip code: _____
Parents Name: _____ Home phone: _____
Cell phone: _____ email: _____
Previous experience: _____ Medical Alert: _____

Register for:

Music Group Classes

Registration Fee for **Preschool Music & Musical Theater** classes per year: \$25, all other courses: \$10

Preschool Music Class (\$30 / month) Day: _____ Time: _____

Introduction to Music Theory (\$60 / 8 weeks) Day: _____ Time: _____

Music Theory Class (\$80 / 8 weeks) Day: _____ Time: _____

Senior Musical Theater (\$58 / month) Day: _____ Time: _____

Junior Musical Theater (\$45 / month) Day: _____ Time: _____

Introduction to Guitar (\$95 / 8 weeks) Day: _____ Time: _____

Songwriting (\$80 / 8 weeks) Day: _____ Time: _____

Registration Fee: _____ Tuition: _____ Total Amount: _____

Intro to Music, Intro to Guitar, Music Theory, & Songwriting courses are paid directly to the teachers.
All other classes are paid to SSPA.

The payment for the course has to be paid in full by the time of registration. We accept cash and checks.

Release of Liability

I understand that my participation or that of my child, in the activities at Stegmann's School of Performing Arts is optional. I understand that these activities involve sometimes stretching. I assume all risk of injury for myself or my child(ren), and hereby waive any and all claims which may arise against Stegmann's School of Performing Arts, Angelika and Bruce Stegmann, or independent contractors from any injury or ailment directly or indirectly related to me or my child(ren) participating in the activities of Stegmann's School of Performing Arts. I acknowledge that neither Stegmann's School of Performing Arts, its owners nor independent contractors are licensed medical practitioners. In the event of a medical emergency, every effort will be made to reach parents immediately; if unable to reach you, this authorizes Stegmann's School of Performing Arts to call 911.

Initials

Photo/Media Release

I hereby grant Stegmann's School of Performing Arts the right to use the name and image of the student in all forms and in all media manners, for marketing, advertising, or other lawful purposes. The undersigned hereby waives any right to inspect or approve the finished versions before any such use.

Yes No

Your signature below denotes your understanding and acceptance of all the above stated policies and conditions.

Parent Signature (student under 18)/ Student Signature

Date

First & last Name of student (PRINT): _____