



"giving wings to the music inside you"

# Bergthorson Academy of Musical Arts

21-22621 Lougheed Hwy. Maple Ridge B.C. 12229 Harris Rd. Pitt Meadows B.C.

604 467-6612 info@bergthorson.com 604 465-6613

Date \_\_\_\_\_

**STUDENT REGISTRATION (one form per instrument or class)**

(Please print only)

Student Name \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ DOB (DD/MM/YY) \_\_\_\_\_

Previous Lessons or Training and Present Skill Level \_\_\_\_\_ Instrument/Class Registering For? \_\_\_\_\_

Preferred Day(s) And Time(s) Of Class \_\_\_\_\_ Instructor Request \_\_\_\_\_

Name(s) Of Parents (If Under 18) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Confirm E-Mail Address \_\_\_\_\_

Alternate Emergency Contact – Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please List Any Special Needs Or Information That We Need To Be Aware Of \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

**\*\*If your child is home schooled and you would like us to bill the school directly you must complete a home school form, please ask administration for this. Failure to do so may result in loss of funding\*\***

It is our policy to practice equal access for student enrollment and advancement. The **Bergthorson Academy of Musical Arts** will endeavor to provide these opportunities regardless of race, religion, color, national origin, age, sex or ability.

**I agree to pay \_\_\_\_\_ per 30 45 60 minutes per class.**

**All Payments MUST be made on a monthly basis**

**Post-dated monthly cheques or monthly credit card authorization to June 30, 2019 are required with registration.**

**Please Note: A 3% convenience fee will be charged for all Visa/MasterCard transactions.**

**Administration fee (Non-Refundable) \$20 annual family fee.**

**Your day/time choice will be confirmed when post-dated cheques or Credit Card Authorization to June 2019 are submitted.**

Please make cheques payable to: **BAMA (Bergthorson Academy of Musical Arts)**. To ensure proper credit please include child's name on the cheque.

Signature (Or Signature of Parent/Guardian) **X** \_\_\_\_\_

• **Person responsible for monthly fees (if different than above) X** \_\_\_\_\_

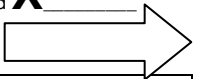
**Please read and initial the following:**

I understand I must give 2 weeks' written notice to the office to withdraw permanently from lessons **X** \_\_\_\_\_

I understand we do not miss lessons; there are lessons on all school breaks and government holidays with the exception of Dec. 22/18 – Jan 1/19 **X** \_\_\_\_\_

Lessons are paid for whether attended or not: make-up lessons are given ONLY for severe illness at the discretion of the instructor. 24 hours' notice required **X** \_\_\_\_\_

Turn Over



Office Personnel Only:

FIRST LESSON TO BEGIN: DAY \_\_\_\_\_ DATE(dd/mm/yy) \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_ ENTERED INTO QUICK BOOKS \_\_\_\_\_

INSTRUMENT \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ PAID BY \_\_\_\_\_ TIME/DATE CHANGE Y / N

POST DATED CHEQUES or CC AUTH. RECEIVED \_\_\_\_\_ REGISTRATION RECEIVED Y / N

- **Child Release Form**

I hereby approve my child's attendance to the **Bergthorson Academy of Musical Arts** and certify that he/she is in good health and able to participate in program activities. I authorize that the directors act according to their best judgment in any emergency requiring medical attention. Furthermore, I release any and all rights and claims for damages against ***Bergthorson Academy of Musical Arts*** and its staff in the unlikely event of injury sustained by my child(ren) during the course of or as a result of any activity within the **Bergthorson Academy**.

Students Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_

- **Adult Release Form**

I hereby certify that I am in good health and able to participate in program activities. I authorize that the directors act according to their best judgment in any emergency requiring medical attention. Furthermore, I release any and all rights and claims for damages against ***Bergthorson Academy of Musical Arts*** and its staff in the unlikely event of injury sustained by myself during the course of or as a result of any activity within the **Bergthorson Academy**.

Students Name \_\_\_\_\_ Signature \_\_\_\_\_

- **Optional Release Form**

I understand that photos/video footage may be taken to promote future BAMA programs either as print or Internet media. I give full authorization to BAMA to utilize photos/video footage and acknowledge no compensation of any sort shall be received.

Students Name \_\_\_\_\_

(If applicable)  
Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_

**Fees and policies are subject to change without notice.**

Overdue accounts:    **After 30 days interest charges apply.**  
                                  **After 90 days sent to collection agency.**