



"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 \_\_\_ Other \_\_\_ 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 (see fee schedule) \_\_\_\_\_ per 20 30 45 60 minutes per class.**

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

**Pre-authorized Debit, Post-dated monthly cheques or monthly credit card authorization to June 2026 are required with registration.**

**Administration (Non-Refundable) \$35 annual family fee.**

**Please Note: A 3% convenience fee will be charged for all Credit Card transactions.**

**Your day/time choice will be confirmed when PAD, post-dated cheques or Credit Card Authorization to June 2026 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** \_\_\_\_\_

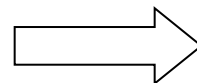
I have read and understood the full set of school policies. (See separate policies sheet)

**X** \_\_\_\_\_

Lessons are paid for, whether attended or not: make-up lessons are **not** given for student absences

**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, CC AUTH or PAD RECEIVED \_\_\_\_\_ REGISTRATION RECEIVED Y / N

- **Release Form for Children Students**

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 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** \_\_\_\_\_

- **Release Form for Adult Students**

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 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**.

**Adult 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.**