



"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 _____

SUMMER STUDENT REGISTRATION (Please print clearly)

Student Name _____ Gender: M ___ F ___ DOB (DD/MM/YY) _____

Name of Parents (If Under 18) _____

Home Phone _____ Mom's/Dad's Cell _____

Address _____

E-Mail Address _____

Please List Any Special Needs or Information That We Need To Be Aware Of _____

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.

Release Form:

I hereby approve myself or 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 (if applicable) _____ Signature _____

Summer Teachers Availability (Subject to Change)

Maple Ridge: Tuesdays
Jan Baxendale, Drew Christie, Kate Semyonova

Maple Ridge: Wednesdays
Maggie Van Wyk, Dan Van Wyk

Pitt Meadows: Tuesday
Maggie Van Wyk, Dan Van Wyk, Sylwia Karwowska, Cassandra Bangel

Pitt Meadows: Wednesday
Jan Baxendale, Niki Piper(online)

Turn Over

Lessons must be paid in advance in order to confirm your spot

(make ups and refunds are not available once registration is confirmed)

***Please note teacher's summer availability and locations on opposite side.**

***Circle the day(s) on the calendar below in which lessons are being requested**

Instrument/Class Registering For? _____ Teacher requested _____

Present Skill Level (circle one): Beginner Intermediate Advanced

Lesson length (circle one): 20 min 30 min 45 min 60 min

Preferred Times: _____

Additional Information:

July						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Office Personnel Only:

LESSONS: DAY _____ DATE(S) _____ TIME _____ LOCATION _____ ENTERED INTO QUICK BOOKS _____

INSTRUMENT _____ INSTRUCTOR _____ PAID BY CHEQUE / CASH/ CC/E-TRANSFER on DATE _____