

# Canadian Bureau for the Advancement of Music (CBAM)

www.cbammusic.com

## ANNUAL CBAM STUDENT REGISTRATION FORM

**CBAM's liability insurance policy requires this form to be filled out and signed prior to attending classes.**

**STUDENT INFORMATION: (PRINT CLEARLY)**      **REGISTRATION: Month \_\_\_/ Day \_\_\_/ Year 20\_\_\_**

**FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**YEAR OF BIRTH** \_\_\_\_\_ **Grade** \_\_\_\_\_

Allergies: No \_\_\_ If YES, specify by attaching a note to form.

Address \_\_\_\_\_ City/Prov \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_ At home - Piano \_\_\_ Keyboard \_\_\_ None \_\_\_

Emergency Phone Number for contact during class time (\_\_\_\_) \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_

### **SCHOOL BOARD AND ELEMENTARY SCHOOL WHERE YOUR CHILD ATTENDS CBAM CLASSES:**

School Board \_\_\_\_\_ Elementary School \_\_\_\_\_

Please indicate which school your child attends if other than the one above \_\_\_\_\_

*I hereby release the Canadian Bureau for the Advancement of Music (CBAM), the CBAM piano teacher and the CBAM Board of Directors and Officers from all claims or damages arising from any accident or injury which is caused by or arises from participation of the applicant named hereon in the piano classes, examinations or recitals operated by the aforementioned.*

*Safety of all CBAM students is imperative. CBAM teachers can only ensure proper supervision and safety of students during the scheduled one hour class. Failure, by parent or guardian, to pick up student from class on time will result in a LATE PENALTY FEE (\$30.00) and/or removal from CBAM program without refund of remaining lessons in term.*

- Student will be picked up by parent/guardian from the program*
- Student will be picked up by day care personnel*
- Student may leave the classroom unsupervised to go back to their regular classroom during lunch time piano classes*
- Student has my permission to leave the program unsupervised*

*As Parent/Legal Guardian of the applicant named on this registration form, my signature indicates that I have read the above and understand that medical and other insurance and transportation to and from the activity is my responsibility.*

**PARENT/LEGAL GUARDIAN: READ THE ABOVE WAIVER AND CODE OF CONDUCT ON BACK.**

PRINT First and Last Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### **First Term Receipt (not for tax purposes) and Class Information to be filled out by teacher.**

*MAKE FEES PAYABLE TO CBAM TEACHER. Teacher will ensure that CBAM receives both registration form and fee.*

\$ \_\_\_\_\_ CBAM Annual Registration Fee – Single  Family

\$ \_\_\_\_\_ First Term Tuition Fee

\$ \_\_\_\_\_ Music Books (Practical and Theory)

\$ \_\_\_\_\_ **TOTAL**      Method of Payment - Cash  Cheque  \_\_\_ E-Transfer  \_\_\_

Teacher's Signature \_\_\_\_\_ Date of payment: \_\_\_\_\_

Year of Study (1<sup>st</sup>, etc.) \_\_\_\_\_ Facility where lessons are held in school \_\_\_\_\_

Lesson held – DAY \_\_\_\_\_ TIME: From \_\_\_\_\_ to \_\_\_\_\_