



807-787-4836
rrmusicacademy@outlook.com
Rainy River, Ontario
<http://rainyrivermusic.com>

Registration

1. Student Information

Violin Viola Cello Piano Guitar Voice

First Name

Last Name

Address (Street, Town, Province, Postal Code)

Date of Birth

Does the student have any special needs we should be aware of? Yes (explain below) No

2. Parent/Guardian Information

First Name

Last Name

Address (Street, Town, Province, Postal Code)

Home Phone

Cell Phone

Email Address

3. Waiver

I am enrolling my child(ren) in Rainy River Music Academy and understand that my payment is due accordingly.

Initials

I release any and all rights and claims for damages against Rainy River Music Academy and its staff in the unlikely event of injury sustained by myself or my child(ren) during the course of or as a result of participating in Rainy River Music Academy programming.

Initials

Rainy River Music Academy is hereby granted permission to take photographs of my student in school activities to use for promotional materials the school creates.

Yes No

Initials

I have been provided with a copy of the Attendance, Billing, and Studio Policies. I have read, understood and agreed to terms, conditions and policies of Rainy River Music Academy.

Signature of Parent/Guardian

Date