Appassionato Music Studio LLC: 2019 Enrollment Form

Student Informati	<u>on</u>			
Last name				
First name				<u>.</u>
Date of Birth Gender: M_		r: M	_ F	
Address				<u>.</u>
City	_State	_ Zip		<u>.</u>
Home Phone numb	er			<u>.</u>
Parent Informatio	<u>n</u>			
Father's last name			_ Moth	ner's last name
First name	rst name First n			name
Phone number Phone number				ne number
Email Email				
Other person to cor	ntact in case	of em	ergenc	ies:
Name				_
Phone				
<u>Liability Waiver</u>				
My child (name)			_ has m	y permission to participate in all
activities related to	the music l	essons	organi	zed by the instructor, Daniel Kuzuhara.
I agree to take my c	hild to the l	essons	on tim	e and pick them up at the conclusion of
the lesson. I will no	t hold the ir	ıstruct	or liabl	e for any injuries, accidents, illnesses, or
unexpected occurre	ences durin	g the d	esignat	ed lesson hours. I have read and agreed
to the foregoing sta	tements lis	ted abo	ove.	
Signature:				
Name (print in Eng	lish):			Date: