



**Shakopee First Presbyterian Church (SFPC)  
GUITAR LESSON REGISTRATION**



Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Have you had any previous musical training? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parents/(Guardian) Name** \_\_\_\_\_

Address (city/state/zip) \_\_\_\_\_

Email Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list any medical conditions or allergies that the SFPC personnel will need to know (medicine or food allergies, medical conditions, or other limitations, etc.)

\_\_\_\_\_

\_\_\_\_\_

**Please use the other side of this form to share information that will help us to enable your child to have the best experience possible in this program. Please bring to our attention any special needs or considerations.**

Additional comments:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency and you are not available, the SFPC personnel are authorized to take my child to the hospital for emergency care. Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) of Parent or guardian \_\_\_\_\_

Signature of Parent(s) or guardian \_\_\_\_\_

**RELEASE FOR MINOR CHILDREN (Under 18)**

I, *(print name)* \_\_\_\_\_, parent or official guardian of *(child's name)* \_\_\_\_\_ hereby grant permission to SFPC, its employees or representatives, to take and use: *(check all that apply:)* \_\_\_photographs/digital images \_\_\_videotape \_\_\_audio recording or quoted remarks of **my child** for use in promotional or educational materials as follows: \_\_\_printed publications or materials \_\_\_electronic publications or presentations \_\_\_Websites. I agree that my child's name and identity: \_\_\_may be revealed \_\_\_may **not be** revealed in descriptive text or commentary in connection with the image(s).

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Parent or Guardian)*