

**VIVACE MUSIC INSTITUTE**  
**Student Registration Form 2016**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ School grade \_\_\_\_\_

Instrument \_\_\_\_\_ Years of Study \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/ Zip \_\_\_\_\_ Email \_\_\_\_\_

Circle T-shirt Size:	Child	Adult
Small	Medium	Large

**Emergency Contact**

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Authorized Adult(s) for Student Pick-up:

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**Medical Conditions/ Allergies**

List all medical conditions/ allergies \_\_\_\_\_

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Medication(s) \_\_\_\_\_

\*A signed note from the doctor is required for ALL medications given during camp hours.

I have read and understand the **Policy Form** set forth by

VIVACE MUSIC INSTITUTE.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date