



Registration/Medical Release Form
 * All ages *
 Director: Jennifer Tutt
 (859) 245-5887

Date: _____

Student Name: _____ Male _____ Female _____

Parent Name: _____ Parent Name: _____
 Telephone: (Home) _____ Telephone: (Home) _____
 (Cell) _____ (Cell) _____

Address: _____ Address: _____
 Zip Code: _____ Zip Code: _____

Student Age: _____ Birthday (mm/dd/yy): _____

Special Interests: _____

Other Siblings (Name): 1) _____ Age: _____ 2) _____ Age: _____
 3) _____ Age: _____ 4) _____ Age: _____

How/from whom did you hear about classes/parties? _____

Medical conditions pertinent to class: _____

Parent email address (please print clearly): _____

Family Music for Babies (0 – 18 mo.)
 Saturday 9:30 - 10:00
 Thursday 6:30 – 7:00 p.m.
 Friday 11:30 - 12:00

God's Children Sing (2.5 - 4.5 yr.)
 Thursday 6:30 - 7:00 p.m.

Music Makers: At the Guitar
 (6 - 10 yr.), (11yr. - adult) Schedule TBA

Family Music (walking 15 mo. - 3 yr.)
 Saturday 11:15 - 11:45
 Tuesday 6:30 - 7:00 p.m.
 Thursday 5:45 - 6:15 p.m.
 Friday 10:00 - 10:30

Cycle of the Seasons (2.5 - 4.5 yr.)
 Saturday 11:15 - 11:45
 Tuesday 5:45 - 6:15 p.m.
 Friday 10:45 - 11:15

Music Makers: Piano I and II (6 - 10 yr.)
 Schedule TBA, please call for times

Music Makers: At the Recorder (6 - 10 yr.)
 Schedule TBA, please call for times

Private Lessons: TBA individually

Music Makers: America (4 - 7 yr.)
 Monday 3:30 - 4:15 p.m.
 Tuesday 4:45 - 5:30 p.m.
 Thursday 5:30 - 6:15 p.m.
 Saturday 10:15 - 11:00

Musikgarten Chorus I and II
 (6 - 11 yr.), (10 - 18 yr.)
 Schedule TBA, please call for times

Music Makers: At the Violin (6 - 10 yr.)
 Schedule TBA, please call for times

Music Makers: At the Ukulele (6 - 10 yr.)
 Schedule TBA, please call for times

Class Preference: (ex. Family Music, violin lessons) _____
 Day/Time Preference #1: _____
 Day/Time Preference #2: _____
 (Register early to help insure placement in the class and time of choice, as class size is limited)

I/We as the parents/guardians of _____ do hereby release, waive and discharge Musikgarten of Lexington, Inc. ("MOL") its employees, servants and agents, and the Malabu Brookhaven Condo Assoc., from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the child, parent/guardian or property which may arise out of or be related to any scheduled activity of MOL.

The information contained in this registration/medical release form is true and accurate to the best of parent/guardian's knowledge and belief. By signing below, the parent/guardian authorizes the release of this information to medical personnel for emergency situations involving the above named child and his/her parent/guardian. In any medical emergency, the parent/guardian hereby authorizes MOL, its employees, servants and agents, to admit, on behalf of the parent/guardian above-named child to a hospital for medical treatment. The parent/guardian hereby assumes responsibility for all costs and fees incurred for such medical treatment, and shall further hold harmless MOL, its employees, servants and agents, and the Malabu Brookhaven Condo Assoc., from any and all loss, liability, damage, or costs that may be incurred arising out of or related to such medical services.

I/We also understand that registration, tuition, and all other fees paid to MOL are non-refundable and non-transferable except in the case of extreme illness or an out-of-state move for which MOL must be notified in advance of the scheduled date(s). Pictures/video taken during MOL activities may be used for advertising purposes.

Date: _____ Signature of Parent/Guardian: _____

☺ Please make checks for tuition and registration payable to: ☺
 ☺ Musikgarten of Lexington (or MOL) at mailing address: 601 Deltino Ct., Lexington, KY 40515 ☺