

2026 - 2027

SCHOOL YEAR REGISTRATION FORM

Student Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Home Address: _____

Phone Number: _____

Email: _____

How did you hear about our program? _____

Instrument Options

(Circle which Instrument(s) you play or would like to play.)

Flute

Oboe

Clarinet

Bass Clarinet

Bassoon

Alto Saxophone

Tenor Saxophone

Baritone Saxophone

Trumpet

French Horn

Trombone

Euphonium/Baritone

Tuba

Violin

Viola

Cello

String Bass

Percussion

Guitar

Emergency Contact Information

Name: _____ Phone Number: _____

Relation to Participant: _____

Medical Information and Release

In case of medical need, I authorize Pikes Peak Home School Music to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, or guardian : _____
give my consent for emergency medical care to be provided for myself and/or my children while in the care of Pikes Peak Home School Music, if a parent, guardian or emergency contact cannot be contacted.

Participant Signature

Date

Guardian Signature

Date

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician _____ Phone Number: _____

Hospital: _____

Photo and Video Release

I give Pikes Peak Home School Music permission to publish in print, electronic, or video format the image or video of myself and/or my child. I release all claims against Pikes Peak Home School Music with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Participant Name: _____

Participant Signature

Date

Guardian Name: _____

Guardian Signature

Date