



# Grand Marais Music Collaborative - Class Lessons Student Application

Name: \_\_\_\_\_

Indicate the instrument you wish to play and receive lessons: Guitar / Drums / Bass / Keyboards / Synthesizer / Vocals / Theory / Ukulele / Flute / Violin / Fiddle / Other:

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alt email: \_\_\_\_\_

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

Home/Cell phone: \_\_\_\_\_

Will you need to borrow an instrument?

Will you have transportation conflicts with after-school lessons? If so, please explain.

Please describe your child's musical experience:

## **Additional Information**

Please list any medical conditions, allergies or any medical concerns that we should know:

\_\_\_ I give permission \_\_\_ I do not give permission for my child to have pictures taken for media purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_