

Student Registration

Name: _____ Birth Date: _____

Address: _____

Phone# _____ e-mail: _____

School: _____ Instrument: _____

Parent Name: _____

Cell Phone # _____ Business # _____
(optional)

Emergency Contact Person: _____

Phone # _____ Cell Phone # _____

Doctor: _____ Phone # _____

Medical Concerns (medications, allergies, asthma, etc.) _____

Medical Insurance Carrier: _____

In case of an emergency and parents, emergency contact, or doctor can not be reached, PSYWE is authorized to seek emergency help (911, paramedics or hospital) as needed.

If applicable _____ only has permission to pick up
_____ from rehearsals.

Parent Signature: _____ Date: _____

**** I have read and accept the policies of the Student/Parent handbook ****

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____