

## AUGUSTANA CONSERVATORY OF MUSIC

### MUSIC TOGETHER Registration

|                                                        |          |                                                                                                 |
|--------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------|
| STUDENT (participating siblings should also be listed) |          | AGE (list age of each child)                                                                    |
| PARENT/GUARDIAN                                        | PHONE #1 | <input type="checkbox"/> home<br><input type="checkbox"/> work<br><input type="checkbox"/> cell |
| EMAIL                                                  | PHONE #2 | <input type="checkbox"/> home<br><input type="checkbox"/> work<br><input type="checkbox"/> cell |
| ADDRESS                                                |          | POSTAL CODE                                                                                     |

#### PLEASE CHECK DESIRED CLASS AND TYPE OF REGISTRATION:

**Fall 9 weeks (Begins in Sept):**      **Tuesdays 9:15 am**      **Tuesdays 10:15 am**      **Thursdays 5:15 pm**

- ☐ First child: \$190
- ☐ Sibling: \$80
- ☐ Family Rate (3 or mor children): \$300

**Winter 9 weeks (Begins in Jan):**    **T**    **Tuesdays 9:15 am**      **Tuesdays 10:15 am**      **Thursdays 5:15 pm**

- ☐ First child: \$190
- ☐ Sibling: \$80
- ☐ Family Rate (3 or mor children): \$300

**Spring 9 weeks (Begins Mar/Apr):**    **Tuesdays 9:15 am**      **Tuesdays 10:15 am**      **Thursdays 5:15 pm**

- ☐ First child: \$190
- ☐ Sibling: \$80
- ☐ Family Rate (3 or mor children): \$300

1. A **non-refundable** deposit of \$30 is required at the time of registration to secure a spot in the appropriate class. The balance of fees can be paid by one of the following:
  - a) Providing a credit card number for processing
  - b) Making a lump sum payment.
2. REFUNDS
  - a) **NO REFUNDS WILL BE GRANTED AFTER THE FIRST WEEK**

---

## ASSUMPTION OF RISKS, RELEASE OF LIABILITY & INDEMNIFICATION

I acknowledge and understand that there are risks associated with my participation in the Community music lessons and I freely accept all such risks, dangers and hazards, including the risk of severe or fatal injury, associated with my participation. These risks include, but are not limited to: the possibility of physical injury due to slips, trips, and falls; (2) general health risks such as, but not limited to, allergic reactions to gloves and hand cleaning products; and (3) potential exposure to infectious and communicable disease, including but not limited to COVID-19.

I hereby state and verify that I am physically and mentally fit to participate in the above-noted event. By voluntarily signing this agreement, I agree to assume and accept full responsibility for any and all injuries, loss or damage, which I might sustain while participating in the above-noted event, now or in the future.

I further hereby agree to indemnify, release and hold harmless The Governors of the University of Alberta, their officers, employees, and volunteers (hereinafter referred to as the "University") from any damage to University property caused by me; any and all liability or damage to the personal property of, or personal injury to, any third party caused by me; and any and all claims, demands, actions and costs which might arise out of my participation in the above-noted event except to the extent that such claims, demands, actions and costs may have been caused by the negligence of the University.

---

- ***I acknowledge that I have read and understood this agreement before signing it, that I have executed this Agreement voluntarily, and that this Agreement is to be binding upon myself, my heirs, executors, administrators and representatives.***
- ***I acknowledge and agree to follow any and all rules and guidelines set out by the University and its representatives related to the above-noted activity and any related activities, including guidelines regarding social distancing, hand hygiene, and wearing personal protective equipment (eg. gloves, masks) to prevent the spread of COVID-19 and other communicable diseases. I will follow health authority self-isolation guidelines and stay home if I feel ill.***
- ***I have read, received a copy of, and agree to be bound by the terms and conditions of this contract for private music instruction through the Augustana Campus Conservatory of Music as specified above.***

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ (City, Province)

\_\_\_\_\_  
STUDENT (OVER 18) / PARENT OR GUARDIAN

  
\_\_\_\_\_  
MUSIC PROGRAM COORDINATOR

\_\_\_\_\_  
PRINT NAME

Charlene Brown  
\_\_\_\_\_  
PRINT NAME

**Protection of Privacy** - Personal information provided is collected in accordance with Section 4(c) of the Alberta *Protection of Privacy Act* (POPA) and will be protected in accordance with section 10 of the Act, and used and disclosed in accordance with sections 12 and 13 of the Act. It will be used and disclosed for the purpose of Augustana Conservatory business only.

The University of Alberta uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included in these automated systems.

Should you require further information about collection, use and disclosure of personal information, please contact the Augustana Music Program Coordinator via [augmusic@ualberta.ca](mailto:augmusic@ualberta.ca)