



2011-2012 REGISTRATION FORM

INDIVIDUAL INSTRUCTION

FIRST NAME	LAST NAME	AGE (AS OF SEP 1)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE	OTHER PHONE
ADDRESS		CITY		PROVINCE	POSTAL CODE
(PARENT/GUARDIAN IF UNDER 18 YEARS OLD) MOTHER'S NAME FATHER'S NAME		STUDENT STATUS <input type="checkbox"/> NEW <input type="checkbox"/> RETURNING		EMAIL ADDRESS	

INSTRUCTOR'S NAME	INSTRUMENT/DISCIPLINE	MUSIC LEVEL: <input type="checkbox"/> BEGINNER <input type="checkbox"/> RCM/CC GRADE ____ <input type="checkbox"/> YEARS EXPERIENCE ____
DAY OF THE WEEK LESSON TAKES PLACE	LESSON TIME	LESSON LOCATION: <input type="checkbox"/> U OF M FACULTY OF MUSIC <input type="checkbox"/> TEACHER HOME STUDIO

NUMBER OF LESSONS	INSTRUCTOR HOURLY RATE	LESSON LENGTH	ANNUAL REGISTRATION FEE
_____	\$ _____ / HOUR	<input type="checkbox"/> 30 MIN <input type="checkbox"/> 60 MIN <input type="checkbox"/> 45 MIN <input type="checkbox"/> 1 HR 15 MIN	\$40.00 PER STUDENT

PAYMENT SCHEDULE: (PLEASE INDICATE YOUR CHOICE)

PAID IN FULL: \$ _____ + \$ 40.00 = \$ _____
TOTAL TUITION REG. FEE

3 EQUAL PAYMENTS:

CURRENT DATE: \$ _____ + REG. FEE \$ 40.00 = \$ _____
FEB.1 /12: \$ _____
APR.1 /12: \$ _____

PLEASE COMPLETE PAYMENT METHOD INFORMATION BELOW

POLICIES REGARDING PAYMENTS, WITHDRAWALS AND REFUNDS:

1. REGISTRATION AND TUITION PAYMENT MUST BE RECEIVED BY THE DIVISION OF PREPARATORY STUDIES **BEFORE THE STUDENT BEGINS LESSONS.**
2. **REGISTRATION FEES:** REGISTRATION FEES ARE NON-REFUNDABLE AND ARE DUE ANNUALLY. PLEASE INCLUDE THE REGISTRATION FEE WITH THE FIRST PAYMENT, BE IT IN FULL OR AN INSTALLMENT.
3. **REFUNDS:** REFUNDS WILL **NOT** BE ISSUED FOR LESSONS MISSED BY THE STUDENT.
4. **WITHDRAWALS:** A FOUR-WEEK NOTIFICATION OF WITHDRAWAL MUST BE RECEIVED IN WRITING. TUITION IS PAYABLE FOR THE FOUR-WEEK PERIOD BEFORE A REFUND WILL BE PROCESSED.
5. THE RELEASE, WAIVER AND INDEMNIFICATION MUST BE SIGNED FOR THE REGISTRATION TO BE ACCEPTED.
6. ALL NSF CHEQUE AND CREDIT CARD PAYMENTS ARE SUBJECT TO A \$30.00 ADMINISTRATION FEE.

I HAVE READ, I UNDERSTAND, AND I AGREE TO ABIDE BY ALL OF THE FOREGOING STIPULATIONS.

SIGNATURE (PARENT OR GUARDIAN IF UNDER 18) X _____

DATE _____

RELEASE, WAIVER AND INDEMNITY: IN CONSIDERATION OF THE UNIVERSITY OF MANITOBA (THE "UNIVERSITY") ACCEPTING THIS APPLICATION AND PROVIDING INSTRUCTIONS THROUGH THE DIVISION OF PREPARATORY STUDIES, I, _____, ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, RELEASE THE UNIVERSITY, ITS RESPECTIVE SERVANTS, AGENTS, EMPLOYEES AND OFFICERS, FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, LOSSES OR EXPENSES ARISING OUT OF OR IN CONSEQUENCE OF ANY LOSS, INJURY OR DAMAGE TO MYSELF OR MY PROPERTY INCURRED WHILE ATTENDING OR PARTICIPATING IN THE UNIVERSITY OF MANITOBA DIVISION OF PREPARATORY STUDIES, EXCEPT TO THE EXTENT THAT SUCH LOSS, INJURY OR DAMAGE AROSE DIRECTLY AS A RESULT OF THE GROSS NEGLIGENCE OF THE UNIVERSITY, ITS SERVANTS, AGENTS, EMPLOYEES OR OFFICERS. WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, I FURTHER WAIVE ANY CLAIMS FOR LOSSES, INJURIES, DAMAGES, ACTIONS OR EXPENSES WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, MAY HAVE AGAINST THE UNIVERSITY AS A RESULT OF MY INVOLVEMENT IN THE DIVISION OF PREPARATORY STUDIES.

SIGNATURE: X _____ **ON BEHALF OF:** _____
PARENT OR GUARDIAN IF STUDENT UNDER 18 YEARS OF AGE NAME OF STUDENT REGISTERED IN THE DIV. OF PREPARATORY STUDIES

PAYMENT METHOD: (PLEASE INDICATE YOUR CHOICE)

OFFICE USE ONLY: _____
REGISTRATION NUMBER

- CASH** - FOR PAYMENT IN FULL ONLY
- CHEQUE(S)** - MADE PAYABLE TO "THE UNIVERSITY OF MANITOBA", POST-DATED TO THE DATES ABOVE.
PLEASE PRINT THE STUDENT'S FIRST AND LAST NAME ON THE FACE OF EACH CHEQUE.
- VISA** OR **MASTERCARD**

CREDIT CARD NUMBER: _____

EXPIRY DATE: ____ / ____ *PLEASE USE A CARD EXPIRING AFTER 06/12 WHERE POSSIBLE

NAME OF CARDHOLDER: _____ CARDHOLDER SIGNATURE: _____
PLEASE PRINT