

Stanny Shiu Violin Studio
Lesson Registration Form

Student Name: * _____ Age * _____ Grade * _____
Contact Phone: * _____ Email: * _____
Address: _____
City _____ Zip Code _____

Parent/Guardian Name* _____ Relation: * _____
Phone: * _____ Email: * _____
Address: _____
City _____ Zip Code _____
(If different from above)

Level of this Instrument Education: *
 No experience Beginner (0-1 year)
 Intermediate (1-3 year)
 Advanced (3+ years)

Program Interested:
 Beginner / weekly 30-minute private lesson
 Intermediate / weekly 45-minute private lesson
 Advance / weekly 60-minute private lesson

Lesson Date/Time Preferred (limited spots is available, preferred time might not be assigned):

Photo/Video Image Release*

I authorize Stanny Shiu Violin Studio to photograph and record video images and audio of my child while participating in the program. I understand these images and recordings may be used by Stanny Shiu Violin Studio for purposes of marketing and / or promoting the interests of music education. I hereby waive any kind and all rights I, or my child, may have for remuneration of any kind which could accrue for the use of such photos.

YES, I do accept the terms and conditions for photo/video image release
 NO, I don't accept the terms and conditions for photo/video image release

Questions and Requests:

