

# 2017 Chaparral Suzuki Academy

**Registration Deadline is May 1, 2017.** Submit a separate form for each student. List names as you wish to appear on the name badge. Full payment of all fees must accompany your application in order for it to be processed. The registration fee is non-refundable. Please make checks payable to *Chaparral Arts Inc.* A \$35 service fee will be charged for all returned checks. The Academy reserves the right to cancel due to insufficient enrollment.

Student Name \_\_\_\_\_ Sex:  M  F  
First Last

Student Address \_\_\_\_\_  
City State Zip

Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Piano  Violin  Viola Birthday \_\_\_ / \_\_\_ / \_\_\_

Shirt Size (check one) Adult Sizes:  XL  L  M  S Child Sizes:  L  M  S  XS

Food Sensitivities (if any): \_\_\_\_\_

Current Piece \_\_\_\_\_ Book 1 2 3 4 Composer \_\_\_\_\_  
Circle One

Polished Piece \_\_\_\_\_ Book 1 2 3 4 Composer \_\_\_\_\_  
Circle One

*All piano, violin, viola students must be BEYOND the Twinkles at the time of enrollment. **Piano students only through book 3.***

Music Reading Level: Pre-reader \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Home Teacher Name (required) \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip

Name of Parent or Responsible Adult Attending \_\_\_\_\_  
Name Relationship

**Supervision:** *The academy is a family experience, for educational and liability reasons. Adult supervision of children is required at all times: it's essential that you ensure a family member or adult caregiver is present during all of your child's activities. We regret that we are not able to offer exceptions to this policy, as our status as an Institute and our educational integrity is dependent on active family participation.*

Fees: **Registration fee is non-refundable.** Please make check payable to: *Chaparral Suzuki Academy*

Student Course Fee (T-Shirt included) ..... \$ 325 \_\_\_\_\_

FEE TOTAL \_\_\_\_\_

Prescott residents may request a need-based scholarship made possible by the Acker Grant.

Please consider me for a need-based scholarship (must be Prescott city resident). Any family on any form of government assistance automatically qualifies.  Yes, we qualify for government assistance;  Other qualifications for need-based scholarship (Please elaborate in 2-3 sentences, please use back of page):

*Please complete the following information  
before mailing in your registration form:*

## **Liability Waiver Form**

This form must be signed and returned to the Director before Academy classes begin.  
The signature below must be of the parent or guardian of each child registered or attending the Academy.

1. I agree to release the Chaparral Arts, Inc. and the Chaparral Suzuki Academy, their trustees, officers, directors, employees, volunteers, agents or assigns from any liability for damages incurred as a result of the use of the Academy's facilities or participation in the Academy. I also agree to indemnify Chaparral Arts, Inc. and the Chaparral Suzuki Academy and their trustees, officers, directors, employees, volunteers, agents or assigns and holds them harmless from any and all action resulting from the use of these facilities or participation in the Academy.
2. It is understood that each parent or guardian takes full responsibility for the supervision of their child or children at the Academy. Any injury or accident that occurs shall be the responsibility of the parent or guardian.
3. My child's photo may be used by Chaparral Arts, Inc. for promotional purposes in support of Suzuki education and the Chaparral Suzuki Academy. My signature below signifies understanding and acceptance of the terms listed above.
4. If for some reason a guardian of the child is not present, I give my permission for my child to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by my child. I agree to indemnify and hold harmless Releasees for any costs incurred to treat my child, even if a Releasee has signed hospital documentation promising to pay for the treatment.

Name(s) of child(ren) attending Institute, including siblings \_\_\_\_\_  
\_\_\_\_\_

If the participant has medical insurance, please indicate the insurance information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Primary Policy Holder: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Mail both pages of this form, along with payment (*checks payable to Chaparral Arts Inc*), to:**

Chaparral Suzuki Academy  
c/o Laura Tagawa  
4745 E. Waverly St.  
Tucson, AZ 85712