

ASHLEY'S MUSIKIDS REGISTRATION AND WAIVER

Child's Name	DOB
Parent Name	Caregiver
Address	
city/zipEN	IAIL
*****Class, Location and time you a	re registering for
***Please let us know how you disco	overed us! Thanks!
Payment is \$150.00 for 10 weeks. S	siblings are 50% off total price. (\$75.00) Total \$225.00
XOXOXOXOXOXOXOXOXOXOXOXOXOXOXOXOXOXOXO	
I the undersigned, intending to be le	
•	ges,heirs,executors,and administrators,waive and release
	nages which I/we may have against,AshleysMusiKids, Carol
•	music class and their home or business, and any other
•	eir representatives, successors and employees for any
	n with my/our participation in this program.
	nay videotape and/ or photograph events to be submitted to
	eys MusiKids website, or Facebook page,
	ring into the Ashleys Musikids Program, I/ we hereby
3	duce copy,exhibit,publish,broadcast or distribute any and all
•	nave read the above, and understand the rules and
	lusikid Music Class, and the Ashleysmusikids Program. No
	hin the session you registered for and made payment for,
unless otherwise cleared with your Ed	
a	
Parent/Guardian Signature	Date
THANK YOU! NOW LET'S HAVE S	