



# BRING A FRIEND MONTH

JANUARY 15 - FEBRUARY 15, 2018

Coastal Sound Music Academy is welcoming new singers! From now until February 15, all choir members are invited to bring a friend of similar age and voice experience to their class with them! Friends are allowed to try one class for free!

For every friend that you bring during this month, you will be entered into a draw to win a \$25.00 Starbucks Gift Card. This means the more friends you bring, the better your chances of winning!!

All friends must have a waiver form completed by their parent/guardian, and submitted to the choir manager prior to the start of the rehearsal. Please find the waiver form attached. Contest ends at the end of rehearsals on February 15, 2018. If you have any questions, please talk to our choir managers or contact us at [admin@coastalsoundmusic.com](mailto:admin@coastalsoundmusic.com).



COASTAL SOUND  
MUSIC ACADEMY



# Bring A Friend to Choir Month REGISTRATION FORM

This form must be filled in and signed by a parent or guardian before taking part in classes at Coastal Sound Music Academy

## General Information

Singer's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Would you like to receive concert information from Coastal Sound? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Name of Parent/Guardian: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

## Medical Information

Please describe any allergies, injuries, and/or medical conditions, etc.

\_\_\_\_\_

## Liability Waiver

The applicant, his or her parents or guardians, agree that Coastal Sound Music Academy, its teachers, assistants, directors and owners are not liable for, nor will be held responsible for any injury, accident or loss, however caused, and agree to release Coastal Sound Music Academy from any/all claims and damages.

Coastal Sound Music Academy takes much care, but is not responsible for lost, stolen or damage to personal items or property during rehearsal.

I, Parent/Guardian \_\_\_\_\_ agree to the above conditions.  
Please Print Name

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Trial Choir/Day/Time:

\_\_\_\_\_ Referring Friend:

\*Please return this form to your choir manager BEFORE participating in class! Thank you.