


Belmont Academy Registration

Semester of Study: * Fall Spring Summer

Student's Name: *
 First Name Last Name

Student's Age: *

Date of Birth * 
 Date

School Attended *

Parent/Guardian: *
 First Name Last Name

Address: *
 Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Primary Phone: * -
 Area Code Phone Number

Alternate Phone: -
 Area Code Phone Number

E-mail (for receipt): *

Emergency Contact/Approved Caretakers

Emergency Contact: *
 First Name Last Name

Emergency Contact Phone: * -
 Area Code Phone Number

If under 12 years of age, student must be picked up by an approved caretaker, unless waived by the parent or guardian.

List the names of those approved to pick up student: *

By waiving this policy, I acknowledge that Belmont Academy and its instructors are not required to obtain an approved signature before my child leaves their lesson.

By not waiving this policy, I (or an approved caretaker) must sign my child in and out at the beginning and end of each lesson.

Waiver (I have read and agree to the policy): *

- I waive the responsibility of escorting my child to and from their lessons.
- I, or approved caretaker, will sign my child in and out of their lessons.

Lesson Registration

Instructor: *

Instrument of Study: *

Lesson Day/Time: *

Lesson Length: *

- 30 min 45 min 1 hr

Number of Lessons (n/a for Suzuki students):

Suzuki Violin:

- Pre-Twinkle Book I/II Book III/IV

Please read the policies located at: <http://www.belmontacademy.net/bahome/policies.html>, and confirm that you have done so by checking the box below. Agreement must be read and checked in order to move forward with processing. Each student must register separately. If you have questions regarding your tuition, contact Belmont Academy at 615-460-6346. Approval from the office must be given in order to register for a lesser amount of lessons.

Policy Agreement: * Yes No

Photo Release

I understand that Belmont University may take photographs or video images of Belmont Academy activities which may include the participant.

I hereby give Belmont University, its employees, licensees, and agents, the absolute and irrevocable right and permission with respect to photographs or video images taken of the participant or in which the participant may be included with others to:

- copyright the photograph/video/audio footage in the university's name or university photographer/videographer's name.
- use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs/footage, in any medium, including broadcast over the Internet, for instructional and promotional use of the university.

I hereby release and discharge Belmont University, its trustees, officers, employees, licensees and agents from any and all claims and demands arising out of or in connection with the use of the photographs or video footage, including all claims for invasion of privacy and appropriation.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees, and assigns of Belmont University.

Photo/Video Release Agreement * Yes No

Payment Information

Fill out a registration form, and bring it to the Belmont Academy office, or mail it to us with payment to:

Belmont Academy
Belmont University, C.V.P.A
1900 Belmont Blvd.
Nashville, TN 37212

Please Make All Checks and Money Orders
Payable to BELMONT UNIVERSITY (not Belmont Academy)