

SAMPLE REGISTRATION FORM FOR HARP PUPILS

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| --- | --- |
| Name of pupil: |  |
| Harp parent/guardian name: |  |
| Parent/guardian telephone: |  |
| Parent/guardian email: |  |
| Person to contact in event of an emergency: |  |
| Emergency contact’s telephone number: |  |
| Who will usually collect the pupil from lessons? |  |

HEALTH

Please detail any health needs and/or allergies that your child may have that I should be aware of.

PHYSICAL CONTACT

Physical contact between a teacher and pupil may sometimes be required when demonstrating aspects of posture and technique. If you wish further clarification, I am happy to provide it. Please sign here to confirm that you understand this.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT AND SOCIAL MEDIA PERMISSION

From time to time I may wish to use images of pupils (unidentified) for publicity and promotional purposes.

Do you give permission for images involving your child to be used?

Yes ☐ No ☐

LESSON POLICY

*Please tick all that apply.*

I acknowledge and accept:

The lesson cancellation policy. ☐

That theory and aural training are/are not included in these harp lessons. ☐

The harp teacher’s policy on graded examinations. ☐

The harp teacher’s policy on music competitions and other harp-related activities. ☐

The harp teacher’s policy on maintaining a good practice routine ☐

I understand that the harp teacher will treat this information and all personal data in the strictest confidence.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_