



COMMUNITY SCHOOL OF MUSIC AND THE ARTS
2023-2024 Traditional Applied Lesson Registration

New Continuing

When would you like to begin?

ASAP Fall Spring Summer I Summer II

Are you with a charter school? _____ If yes, which charter school? _____

All Students:

Student's name _____ Gender _____ Date of birth _____/_____/_____

Mailing address _____ City _____ Zip code _____

Preferred phone number _____ Preferred email address _____

Students under Age 18:

Guardian 1's name _____ Primary phone _____

Guardian 2's name _____ Primary phone _____

All Students:

CSMA Instructor _____ Instrument _____

Please check one: 30 min lessons
 45 min lessons
 60 min lessons

Any preferences regarding the instructor (i.e. level, availability, etc.) _____

Annual Registration Fee: \$35 per family

Private Lesson Rates per Lesson (each term is comprised of multiple lessons) *

	Undergraduate Instructor	Instructor	Graduate Instructor	Artist Teacher
30min lesson	\$19.00	\$25.50	\$27.60	\$42.50
45min lesson	\$28.50	\$38.25	\$41.40	\$63.75
60min lesson	\$38.00	\$51.00	\$55.20	\$85.00

*These rates do not apply to the Suzuki program. Please contact the office for the proper form.

Instructor Education Levels

- Undergraduate Instructor:** Currently enrolled in the Bachelor of Music degree program at the University of Redlands School of Music.
- Instructor:** Completed an undergraduate degree in music or is currently enrolled in the Graduate Program at the University of Redlands School of Music.
- Graduate Instructor:** Completed a graduate degree in music at the University of Redlands School of Music.
- Artist Teacher:** Current University of Redlands School of Music faculty member.

Payment Options: (please select one)

- Payment in Full Charter School Purchase Order (my registration fee is enclosed)
- Payment Installments: The first payment (the registration fee + the cost of the first four lessons: \$ _____) is due upon registration. Invoices will be mailed around the 15th of each month. Subsequent payments should be made each month. The final payment for the term is due by the last day of the term (see CSMA calendar).

Payment Method:

- Check Enclosed (payable to CSMA) Check #: _____ Check Amount: _____
- Charter School Check
- Credit Card * Amount: _____

*** For security, payment information is not kept on file. Please make subsequent payments by phone or mail.**

Credit Card # _____ Expiration _____ / _____

Security Code _____ Signature _____

By signing below, I understand and agree to the following:

- Any outstanding balance from previous terms must be paid in full in order to begin or continue.
- In order to begin lessons, at least the registration fee and cost of the first 4 lessons must be paid in advance. If my approved charter school will pay my tuition, I am only required to submit the form and registration fee in advance.
- If I am with an approved charter school, it is my responsibility to submit purchase orders correctly. I understand that I will be responsible for any charges not covered by the charter school.
- Missed lessons and make-up policy:
 - o Students are charged for all lessons in the term for which they register, including those missed through student absence. Students are expected to notify their teachers directly of any impending absence from lessons. Some instructors offer make-up lessons under certain circumstances, but are not obligated to do so.
 - o If a teacher is absent from a lesson, a make-up will be scheduled at a mutually convenient time. If a make-up lesson cannot be arranged, the fee for that lesson will be removed from the account. If a student cancels or misses a scheduled make-up lesson, it will not be rescheduled.
- Invoices will be mailed each month to those with outstanding balances (even for students with a charter school).
- Should I or my instructor wish to record my session, both the teacher and student (or guardian, if the student is a minor) must agree
- Unless the box below is checked, I authorize CSMA to continually enroll the aforementioned student in future terms. Should I need to withdraw from lessons I will promptly notify the CSMA office by phone or email.

I UNDERSTAND I AM RESPONSIBLE AND COMMITTED FOR THE ENTIRE TERM AND AS SUCH, WILL PAY THE COMMUNITY SCHOOL OF MUSIC AND THE ARTS FOR ALL LESSONS IN THE REGISTERED TERM. I UNDERSTAND THAT SHOULD MY ACCOUNT NOT BE KEPT CURRENT THE COMMUNITY SCHOOL OF MUSIC AND THE ARTS MAY CURTAIL MY ABILITY TO REGISTER FOR FUTURE TERMS.

Student Signature (or parent/guardian, if under 18 years of age) _____
Date

- I do **not** wish to have the aforementioned student automatically enrolled in future terms. I understand I will be required to complete a new registration form for any future terms in which I choose to enroll.

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the **Applied Lessons** at the University of Redlands, I, on behalf of myself, my executors, heirs, administrators and assigns, hereby voluntarily agree to release, waive, discharge, indemnify, hold harmless, and agree not to sue the University of Redlands, its trustees, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the **Applied Lessons**, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, or which third parties have or may have in the future, as a result of damages, injuries, including death, relating to the **Applied Lessons** or travel to and from the **Applied Lessons**, arising out of or incident to any negligent act or omission by the University of Redlands, its trustees, officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the **Applied Lessons**. I knowingly and voluntarily give up valuable legal rights, including the right to sue. Further, I shall defend at my own expense, including attorney's fees, with an attorney selected by the University of Redlands, the University of Redlands in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct.

I understand and agree that there are risks of harm associated with participating in the **Applied Lessons** which may give rise to bodily injury, and/or property damage. I understand that I will be responsible for my own transportation. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the **Applied Lessons**, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the University of Redlands, including all acts of negligence of the University of Redlands. I, the negligence of others, or by the negligence of the University of Redlands, its trustees officials, officers, employees, agents, volunteers, or other promoters, operators or co-sponsors of the **Applied Lessons** may cause these risks and dangers. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in the **Applied Lessons**.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Printed Name (if Participant is under 18)

If the participant is under eighteen years of age, a parent's or legal guardian's signature is required for each minor child.

This Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on me and my minor children, executors, heirs, administrators, and assigns. I further agree on behalf of my minor children that this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be binding on them and their executors, heirs, administrators, and assigns.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN THE UNIVERSITY OF REDLANDS AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Print Name of Minor

Parent/Guardian Printed Name

Parent/Guardian Signature (if under 18)

Date

Phone Number

UNIVERSITY OF
Redlands
VIDEO/PHOTO/AUDIO CONSENT FORM

I, _____ (“Participant”), do hereby consent to and authorize the University of Redlands (“University”) to copy, record, exhibit, publish, distribute or use my name, image, likeness, voice, or sound in any media, including but not limited to video, audio, photo, or any composite and artistic forms, in which the record is incorporated in whole or in part, regardless of whether these materials are used for fundraising, advertising, publicity, or any other lawful purpose on behalf of the University.

In addition, I waive all claims to compensation or damages based the University’s use of any material authorized by this consent. I also waive any right to inspect or approve any finished material in which my name, image, likeness, voice, or sound appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this consent.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns.

I warrant that I am either at least 18 years of age or that I am the legal guardian of the minor Participant, and that I am competent in my own name insofar as this consent is concerned, and that I have the full right and authority to grant this consent. I further attest that I have read this consent form and fully understand its contents.

Description of media:

Photography

Video Recording

Audio Recording

Printed Name of Participant

Age of Participant

Address of Participant

Signature of Participant

Date

Signature of Parent or Legal Guardian of Participant (if under 18)

Date

Return completed form to the Community School of Music and the Arts (CSMA):

- Email: csma@redlands.edu
- Mail: 1200 E Colton Ave, Redlands, CA, 92373
- Fax: (909) 335-5183