

2009-2010 REGISTRATION FORM FOR BRUCE GATCHELL  
(BRASS, WOODWINDS)

You must call Bruce Gatchell at **603-679-8052** to schedule a lesson time!  
Check for first month's tuition MADE PAYABLE AND MAILED TO:  
Bruce Gatchell  
7 Prescott Rd., Epping, NH 03042

Registration fee (\$10) + Recital fee (\$10) = \$20.00 TOTAL  
MADE PAYABLE AND MAILED WITH REGISTRATION FORM to  
Leddy Center School  
P.O. Box 929, Epping, NH 03042

CLASS REGISTERING FOR: \_\_\_\_\_ DAY/TIME: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH(00/00/0000) \_\_\_\_\_

MAILING ADDRESS(STREET NAME, NUMBER/POBOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The following must be completed if student is under 18 years of age:

Mother/Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Work or Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Work or Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In case of an emergency, contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Medical Information: Do you/does the student have any medical conditions which could affect your/his/her participation in class?  
Please circle : Y / N If yes, what is the condition and what are the symptoms? \_\_\_\_\_

Do you/does the student take any medicines which could affect your/his/her participation in class? Please circle : Y / N If yes,  
what is the name of the medicine and what are the side effects? \_\_\_\_\_

Medical Insurance Information: Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

**Release/Waiver and Payment Agreement:**

I acknowledge that I have enrolled my child in a class, held at Leddy Center for the Performing Arts, Inc. and that I fully understand and appreciate that any activity which includes motion may cause accidental injury. I have consulted my physician and received assurances from my physician that the physical activity required of the program for which would be adversely affected by my/his/her participation in this program. I understand that I have/my child has the right to participate only to the extent I/he/she am/is comfortable, and I/he/she will limit my/his/her conduct accordingly.

I accept responsibility for any injury, physical or emotional, which might arise out of this activity and agree to hold Leddy Center for the Performing Arts, Inc., harmless for any damages and/or costs, and will reimburse any legal fees, which may be incurred should I make demand or institute suit and be

Please print, sign and date this form. Registrations are not accepted without signature and date.

Adult Student or Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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unsuccessful in any such action. If I am unreachable, or I am/my child is unable to speak in the event of an injury, I grant permission for medical treatment to be given.

I understand and acknowledge that I am responsible for paying for all lessons whether I/my child attend/s the lesson or not. Furthermore, I fully understand when tuition payments are due, and will make payment on time or will be assessed a \$10.00 late fee per week that payment is late. I also understand that should I fail to make payment within one week of the due date, I/my child will not be allowed into class until payment has been made in full, including late fee. Should this happen more than once, I understand that Leddy Center retains the right to re-assess the situation and take additional steps to protect its teachers, who rely on tuition payments for their income. There are NO REFUNDS- NO EXCHANGES.

I agree to allow Leddy Center to use my likeness, whether in still or moving form, for publicity purposes including, but not limited to, newspaper, internet, posters and TV advertisements. I hold no contract with another agency or person which would prohibit such usage.

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**Adult Student or Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_