Send registration and tuition to:
Orff Music and Movement
PO Box 33, Occidental, CA 95465

Make checks payable to Janet Greene

_____
Child's Name Age Birthdate

_____
Child's School Grade Musical Experience

_____
Allergies and/or other medical conditions

_____
Parent's Names(s)

_____
Mailing Address

_____
City Zip

_____
Email

_____
Home Phone work Cell

_____
Emergency contact phone

_____
Class Number Title Dates

IMPORTANT! Please sign this liability release form.

Orff Music and Movement School

Release from Liability and Indemnification

I, the parent or guardian of the minor named below, agree to allow my child to participate in the Orff class. In consideration of participation I agree to indemnify and hold harmless Orff Music and Movement School and its instructors from and against any and all liability for any injury arising out of the class activities.

_____

Parent/Guardian Signature **Date**