

Saskatoon Suzuki Strings(1996) Inc. - Registration Form -2011/2012

Registrar Contact: 817-7th Ave. N., Saskatoon, S7K 2V5 Phone 221 6942 (www.saskatoonsuzukistrings.ca)

A. Student: (Please press firmly)

Name: _____ New Student: Yes
Given Name Family Name No

Age on Sept./1/11 _____ Health card Number (see part E) _____

For Returning Students:

Private Teacher: _____ Current Group: _____ Current Working Piece: _____ Book: _____ No: _____

Instrument _____ Current Orchestra _____

For New Students: How did you hear about the program? _____

B. Participating Parent:

Name: _____ Email: _____
Given Name Family Name

Address: _____ Postal Code: _____

Home Telephone: _____ Business/Cell Telephone: _____

C. Fees:

Registration forms will be processed only if completed and accompanied by all cheques. A Late fee of \$50 will apply for returning students after the registration deadline (31 May 2011).

	Membership/Registration		Full Payment	Two Equal Installments		Volunteer Cheque
Cheque Date	Current Date		Sept. 1/11	Sept. 1/11	Dec. 31/11	Dec. 31/11
SOA Membership	\$25.00					
Family Membership		\$100.00				
Group Lesson (\$180)						
Orchestra Fee (\$120)						
Volunteer Deposit						\$100.00
Additional child discount*						
Total Amount	\$ 25.00	\$ 100.00				\$100.00
Cheque #						

Make all cheques payable to the Saskatoon Suzuki Strings except the SOA Membership cheque which must be made out to the Saskatoon Orchestral Association.

* Available Discounts: A discount of \$18 per student is provided for the second and each additional student in the same family registered in group lessons. The \$30 discount for current and former board members is no longer available beginning in 2011-12.

D. Photo and Information Release

I grant SSSI permission to include my child's photo on web sites, newsletters, and other promotional material. Yes___ No___

E. Informed Consent, Permission and Waiver of Claim.

I, the undersigned parent/guardian of _____ Agree that the Saskatoon Suzuki Strings Inc.(SSSI), teachers, parent board and parent volunteers will not be held liable for any injury to my child or loss or damage to person. I understand that the SSSI will not be responsible for the care of my child before or after any scheduled SSSI events. In the unlikely event of a medical emergency, I authorize the SSSI to provide or cause to be provided appropriate medical services with the provision of a valid Saskatchewan Health Number(see above).

Parent signature: _____ Date: YYYY / MM / DD

The personal information that you provide on this form is for student-registration and program-delivery purposes of Saskatoon Suzuki Strings(1996) Inc. and for membership purposes of the Saskatchewan Orchestral Association. The information will not be shared with any other organization or agency

