



Membership Enrollment Form:

All Information Will Be Kept Confidential

Name - _____

Address - _____

Email Address - _____

Telephone Number - _____

Date of Birth or Age - _____

Disability - _____

What music programs are you interested in participating in (please circle)?

- a. Introduction to Keyboard
- b. Keyboard II
- c. Music and Movement
- d. Introduction to Voice
- e. Voice Technique
- f. Voice Lab
- g. Song Composition
- h. Music Lab
- i. Introduction to Percussion
- j. Join the Band
- k. Keyboard and Rhythm Lab

Emergency Contact Information –
Name and Telephone Number

Do you require any special accommodations?

How did you hear about Daniel's Music Foundation?

In consideration of your acceptance of this application, I agree to waive and release Daniel's Music Foundation (and its directors, officers and agents), of all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any and all music programs. Additionally, I grant permission to Daniel's Music Foundation to use any photographs, motion pictures, recordings or any other record of my participation in any music program for any legitimate purpose without remuneration.

Signature (or parent's signature if under 18)

Date