

Chas Elliott

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www.elliott-music.com

Elliott Music

## Elliott Music Client Registration

updated 01.08.2020

### Please Print

Client \_\_\_\_\_,  
last name first name

Mailing Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Mobile Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

#### Type of Artist (check all that apply)

- Actor
- Singer
- Dancer
- Choir
- Hobby

#### Voice Type

- Soprano
- Mezzo-soprano/Alto
- Counter Tenor
- Tenor
- Baritone
- Bass

#### Genre

- Classical
- Musical Theatre
- Jazz
- Pop
- Rock
- Other

Current and Past Teachers/Coaches

Years of Study

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(use another sheet of paper if necessary)

Other musical instrument(s) played \_\_\_\_\_

**PARENT/LEGAL GUARDIAN (required if client is younger than 18 years of age)**  
*please check primary contact*

**Father/** \_\_\_\_\_,

**Guardian** last name first name

**Mailing Address** \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Mobile Phone** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mother/** \_\_\_\_\_,

**Guardian** last name first name

**Mailing Address** \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Mobile Phone** (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ **Email Address** \_\_\_\_\_

**Emergency Contact 1** \_\_\_\_\_, \_\_\_\_\_  
last name first name

**Relationship** \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Mobile Phone** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_, \_\_\_\_\_  
last name first name

**Relationship** \_\_\_\_\_ **Home Phone** (\_\_\_\_) \_\_\_\_\_

**Mobile Phone** (\_\_\_\_) \_\_\_\_\_

**Physician** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_

Please list any allergies, including allergies to medications, in case of emergency.

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Please list any medications taken or medical history of concern.

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**Insurance Company** \_\_\_\_\_

**Policy Number or Group Number** \_\_\_\_\_

**Principal Insured** \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY TREATMENT

In case of an emergency I, \_\_\_\_\_, hereby authorize medical treatment to be provided to myself by emergency services as necessary for my safety and well-being while under the supervision of Elliott Music.

### Client

\_\_\_\_\_  
signature

\_\_\_\_\_  
printed name

\_\_\_\_\_  
date

### For Clients Under 18 Years Of Age

I, \_\_\_\_\_, hereby certify that I am the legal parent or guardian of \_\_\_\_\_.

In case of an emergency while I am absent, I hereby authorize medical treatment to be provided to my child by emergency services as necessary for their safety and well-being while under the supervision of Elliott Music.

**Parent/Guardian** \_\_\_\_\_  
signature

\_\_\_\_\_  
printed name

\_\_\_\_\_  
date