

BOSQUE ARTS CENTER  
**Steve Watson Piano Lab**  
for Youth 1<sup>st</sup> -12<sup>th</sup> grades

Youth's Name \_\_\_\_\_  Male  Female

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Youth DOB \_\_\_\_\_ Youth's Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Youth's Interest/Hobbies \_\_\_\_\_

**Lesson Schedule: Students: Monday – Thursday 4:00-4:30 and 4:30-4:55**

(Youth are to be picked promptly at the conclusion of each lesson.)

Youth who are tardy in pick up two times will be removed from the program.)

**Lesson fee: Children \$ 5.00 per lesson (Scholarships Available)**

Text (214)773 4213 For More Info.

**Release Form**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_  
a child under the age of eighteen and I hereby give my permission for said child to take instruction from the  
Bosque Arts Center and agree to hold the Bosque Arts Center or instructors harmless from any injuries arising  
out of said instruction, other than injuries caused by gross negligence of the Arts Center. In the event of an  
accident and/or illness, I authorize the Arts Center or one of its instructors or employees to seek medical attention  
and I will assume all expenses incurred.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
(nose bleeds, allergies, physical disorders, etc.)

Emergency Number \_\_\_\_\_ Relationship \_\_\_\_\_  
(home, work, cell)

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Photographs including my child participating in activities  
may be used for publicity purposes.

YES

NO