



Groove Academy
2 Iroquois Bay
Winnipeg, Manitoba
Canada R2J 2E2
T (204) 254 2184
www.grooveacademy.ca
info@grooveacademy.ca

_____/_____/_____
(Day | Month (Year)

New Enrollment

To hold a spot, and in order to give lessons a fair try, we ask for a minimum of 4 lessons prepaid.

This amount is non-refundable. Amount due: \$____00

Student Name: _____
(First) (Last)

Instrument: _____ Years Played: _____ DOB ____/____/____
Date Month Year

Address: _____
(Street #) (Street Name) (City/Town) (Postal Code)

Home Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian's Names: _____
(First) (Last)

Parent/Guardian's Names: _____
(First) (Last)

Email Address: _____

Allergies/Other: _____

Please submit invoices to:
(Print Name)

Please make cheques payable to Groove Academy.

Payment is Due on the 1st lesson of every month, unless other arrangements have been made.

Parent/Guardian's Signature: _____

Office Use

Lesson Time: _____ Day: _____ Official Lesson Start Date: _____
(Date) (Month)

Program Type: _____

____ Week Intro: _____
(#) (Start Date) (End Date)



Audio/Video/Photography – Waiver Form

Groove Academy throughout the year will have portions of all our performances, competitions and festivals recorded and or photographed for promotional purposes.

Our photos, audio and video recordings are strictly used to promote our services and events throughout the year.

Parent/Guardian Signature