



# Mansfield Parks & Recreation

*Family, Fitness & Fun!*

## Individual Music Lessons Request

(NOTE: this form is *not* for requesting Suzuki Violin Lessons)  
updated 07/31/2019

Individual music lessons are available for both children and adults. Minimum age restrictions may apply. All lessons are instructed by a qualified music instructor. Lessons are 30, 45 or 60 minutes in length. Lessons are scheduled seasonally. **Times and instructors requested are not guaranteed. Lessons times are not guaranteed season to season unless continuance is indicated on the form below and Credit/Debit Authorization is provided. Time changes/lack of indicated continuance at initial registration requires a new request form be submitted during each seasons advertised registration period.** Please allow two weeks for initial lesson confirmation.

Lesson Length	30 minutes	45 minutes	60 minutes
Full season (10 lessons)	\$315	\$430	\$567

**Full season lessons require payment in full at confirmation. Receipt must be provided to the instructor at the start of each season as proof of payment. Non-residents of Mansfield are subject to an additional \$10 non-resident fee once per season. Lesson requests submitted after the first lesson of the season will be subject to a \$10 late fee.**

Parent/Guardian/Adult Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Instrument(s): \_\_\_\_\_ Beginner? Yes \_\_\_ No \_\_\_ If no, years experience: \_\_\_\_\_

Requested Lesson Length: 30 min \_\_\_ 45 min \_\_\_ 60 min \_\_\_ Requested Instructor (if any): \_\_\_\_\_

Requested Lesson Days/Times/Notes: \_\_\_\_\_

**Please Check One:** *Enroll for current season only* \_\_\_\_\_  
*Enroll continually for all seasons Sept-June* (auto billing applies, excludes add-ons): \_\_\_\_\_

WAIVER OF PARTICIPANT BY PARENT OR SELF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, the University of Connecticut, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational sport or activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I may or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. PHOTO RELEASE: I understand that for promotional purposes, the Town videotapes and/or takes photographs of participants enrolled in recreational activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaging in the above listed recreational activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only:**

Instructor: \_\_\_\_\_ Assigned Lesson Date/Time: \_\_\_\_\_ Initials: \_\_\_\_\_



**Lesson Billing Agreement Form**  
**Credit/Debit Card Authorization**

I \_\_\_\_\_ authorize the Mansfield Parks and Recreation Department to charge the credit/debit card below until the Mansfield Parks and Recreation Department has received written notification of its termination or change. I also understand that if my credit card is declined and payment not made, that I/my child will no longer be able to attend music lessons or programs provided by the Community School of the Arts or Mansfield Parks and Recreation Department. I also understand that in order to withdraw from music lessons and programs, I need to fill out an Activity Refund Request form.

**Full season lessons *must be paid in full and will be charged at confirmation.***

**Continuous lessons September –June *will be billed seasonally on Sept. 1, Jan. 2, April 1, or the next business day. A new registration and authorization form will be required for the following school year.***

**Complete all information below and return to the Mansfield Community Center Reception desk. Bring the credit card you are authorizing for entry into the system.**

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**Students Name(s)**

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Cardholders Name

Phone Number

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Cardholders Address

City

State

Zip Code

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Last 4 Digits of Account Number

VS/MC/Amex/Disc

Card Type

Exp. Date

---

Cardholders Signature

Date

Relationship to Student

**Note to staff:** All information above must be completed by the participant. *Swipe the credit card into the system with no charge through HH Maintenance (see STORING A CREDIT CARD ON FILE FOR A CUSTOMER document).*