

Midwest Music Therapy Services  
6614 Clayton Road #179  
St. Louis, Missouri 63117-1602

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## STL ROCKABILITIES SUMMER 2018 REGISTRATION

<p>Cost: (8 week sessions) <b>\$135.00</b> <b>(DMH Consumers = 2 units per meeting)</b> <b>When:</b> Wednesday or Thursdays 4:10pm – 5:00pm <b>OR</b> 5:10pm – 6:00pm <b>OR</b> 6:10pm – 7:00pm <b>Circle a time ONLY if you have a preference or need!</b> <b>Dates:</b> <b>Wed:</b> 6/6/18, 6/13/18, 6/20/18, 6/27/18, 7/11/18, 7/18/18, 7/25/18 <b>Thurs:</b> 6/7/18, 6/14/18, 6/21/18, 6/28/18, 7/12/18, 7/19/18, 7/26/18, <b>Thursday 8/2/18( Performance for all groups!)</b> <b>Where:</b> DeSmet High School, Creve Coeur, MO 233 N Ballas Rd. St Louis MO 63141</p>
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**EMAIL BACK REGISTRATION BY JUNE 1st, 2018**

**PAYMENT:** due at first meeting 6-6-18

Make checks payable to *Midwest Music Therapy Services*.

**\*NEW MEMBERS:** permission form/media waiver due 6-6-18

-Or mail payment, registration permission/media waiver to:

**Midwest Music Therapy Services**

**#179 6614 Clayton Road, St. Louis, Missouri 63117-1602**

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Name

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DOB

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Guardian's name

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Address

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Phone numbers

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Email

**Questions? Contact Maria Carron – [mcarron@prodigy.net](mailto:mcarron@prodigy.net) - (314) 960-0475**

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**How did you hear about us?** \_\_\_\_\_

**Please tell us a little about your musician:**

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**Please tell us more about past and current instrument experience, music therapy services, favorite artists, songs and styles of music:**

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**Are you interested in Adapted Music Lessons in addition to our Rockabilities program?** \_\_\_\_\_

**Circle instruments interested in playing:**

Lead vocal

Background singer

Guitar

Bass Guitar

Keyboard

Autoharp/Omnichord

Drum Set

Bongos

Percussion instruments: Maracas, tambourine, egg shakers, cabasa, etc.

Other \_\_\_\_\_

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## **PERMISSION**

I \_\_\_\_\_, hereby release and save harmless  
(parent or guardian)

*Midwest Music Therapy Services* and *De Smet High School* and all contractors,  
employees, volunteers, and interns, from any and all liability for any injury occurring  
while my child

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(son/daughter)

is participating all *Midwest Music Therapy Services* music classes.

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Parent/Guardian Signature

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Date

In case of emergency contact: \_\_\_\_\_  
(name)

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(phone number)

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## **Media Waiver**

I, \_\_\_\_\_ give my permission for  
(parent/guardian name)

\_\_\_\_\_ to (circle all that you agree)  
(therapist/agency)

video tape - take pictures of

son/daughter/ward \_\_\_\_\_  
(individual's name)

for educational purposes, such as training other professionals at music therapy  
workshops and conferences.

I further give \_\_\_\_\_  
(therapist/agency)

permission to use the above circled type of media for social media sharing. (posting on  
our website or Facebook page)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

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