

PERSONAL CONFIDENTIAL INFORMATION SHEET

Name you want to be called _____

Legal Name _____

Professional name if applicable _____

email address _____ hm phone _____

Home address _____ cell phone _____

City and Zip _____

Previous voice lessons or classes _____

When _____

Where _____

Teacher/s _____

Class lessons how long _____ One on one lessons how long _____ Voice range/type _____

Other experience/s with singing _____

What do you realistically, want to accomplish by taking lessons?

What do you like about your voice (vocal instrument)? _____

What don't you like about your voice? _____

What do you like about the way you sing? _____

What don't you like about the way you sing? _____

What sports or physical activities do you do regularly? _____

Do you lift weights? _____ abdominal crunches ? _____ smoke ? _____

What musical instruments do you play _____

Do you play the piano? How well? One finger melodies _____, two hands slowly _____,
Chords _____, by ear _____, read music well _____, can accompany self and others _____.

Do you dance? _____ What style/s _____

Who is your favorite musical performer? _____

Who is your favorite singer? _____

What is your favorite musical style to listen to? _____

What style of music do you like to sing best? _____

What is your wildest musical fantasy or dream? _____

On the reverse side, please mention any learning disabilities or physical or emotional issues that I should be aware of in order to teach you most effectively. If you are taking any prescription drugs regularly, please list them as they may affect your voice. And please check off your actual age range.

In the course of study, your teacher may need to touch you at various points on the body (including and not limited to, knees, upper and lower abdomen, upper and lower back, pelvis, head, neck and torso.) Please initial your consent for this appropriate manner of touch. _____ or circle **NO**

I have read and agree to the policies stated above, Also, the statements I have given are true to the best of my knowledge and I release Carol Clary from any liability, including and not limited to, any pre-existing conditions that may hinder or prevent my vocal, physical, emotional, artistic, avocational or vocational progress.

signed _____

dated _____

Important information:

Age range: 10-16 ____, 17-22 ____, 23-27 ____, 28-35 ____, 36-45 ____, 46-60 ____, 60+ ____.

Learning disabilities of which you may be aware

Important physical or emotional issues

Prescription drugs taken regularly