**Westchester Suzuki Institute 2025   
Observer Registration June 28 – July 2, 2025  
(SUNY Purchase students – contact Amy Rosen –** [**amyrosen.hrsm@gmail.com**](mailto:amyrosen.hrsm@gmail.com)**)** Top of Form

\*First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/Guardian First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Parent/Guardian Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Confirm Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_  
  
\*ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\*Instrument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                
I, the undersigned, understand and agree that I am responsible for my safety while attending the Westchester Suzuki Institute. I also understand and agree, that I am responsible for any injuries or accidents that occur to myself. I agree and accept the cancellation and refund policy stated on this website. I voluntarily indemnify and hold harmless the Hudson River School of Music and the Westchester Suzuki Institute and their respective officers, employees, and agents from any and all liability, loss, damages, costs or expenses (including attorney fees) arising out of my participation in the Westchester Suzuki Institute program.

 The parties hereto acknowledge and agree that SUNY Purchase is not involved in or responsible for operating Westchester Suzuki Institute program contemplated hereby or for performing any of Westchester Suzuki Institute's other obligations set forth herein. Accordingly, the parties expressly acknowledge and agree that SUNY Purchase shall not be liable for Westchester Suzuki Institute's failure to perform its obligations hereunder, including without limitation Westchester Suzuki Institute's failure to refund any payments made to it under this agreement. Westchester Suzuki Institute further expressly agrees that this agreement creates no contractual relationship with SUNY Purchase and that in any dispute relating to Westchester Suzuki Institute of its obligations hereunder, SUNY Purchase shall not be liable for such performance or any damages resulting therefrom and shall not be joined as a party in such dispute.   
  
**Photo/Video**

Westchester Suzuki Institute reserves the right to photograph and videotape participants for educational and promotional purposes. Any parent/guardian who objects to having a student under their care photographed or videotaped must so notify the Institute in writing no later than the Westchester Suzuki Institute scheduled start date.  
  
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Signature

**FEES:**

|  |  |  |
| --- | --- | --- |
| **Type** | **Fee** |  |
| Observation Fee (Per Day) | $50.00 |  |
| Observation Fee (Full 5 Days) | $150.00 |  |
| Late Fee – Registered/Postmarked after April 15, 2025. | $50.00 |  |
| T Shirt (AS, AM, AL, AXL) | $25.00 | Size: |
| **TOTAL** |  |  |

**Payment Methods**

Credit Card

Full Name on Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Holders Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount to be paid by Credit Card \_\_\_\_\_\_\_\_\_\_\_\_

**Charge will appear as: Hudson River School of Music Suzuki Institute**

Pay by Check - Payable to: Hudson River School of Music  
Sent to: Amy Rosen, 364 Weaver Street, Larchmont, NY10538