



## PERMISSION TO VIDEO LESSON

School Location: \_\_\_\_\_ Lesson Date: \_\_\_\_\_ Course: \_\_\_\_\_

Time: \_\_\_\_\_ Teacher: \_\_\_\_\_

I acknowledge that I have been advised of and agree to my child's Yamaha music lesson being video taped.

I understand that this video tape is to be used within Yamaha Music Education Centre for teacher training purposes only.

Student's Name (please print)	Parent's Name (please print)	Parent's Signature	Office Use Only

**Teachers – please return completed form to Administration Centre  
before the date of the lesson to be videoed.**