

After School Classes Form

Class: _____
Age: _____
DOB: ____/____/____

Student Information:

Name: _____ Parent/Guardian Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Email: _____

Emergency Contact Information:

In case of an emergency please contact: _____
Phone: _____ Relationship: _____

Release Information:

I give ARTworks permission to use my child's photograph in program related activities and press. I understand that ARTworks is not responsible for personal injury or loss of property. I also understand that my child will be expected to respect the instructor and ARTworks where the class is held and that the instructor will enforce basic rules about the class and the space.

Moreover, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This medical waiver applies only in the event that neither parent/guardian cannot be reached in the case of an emergency.

Parent/Guardian Signature: _____
Date: _____

Payment of \$ _____

made in full on ____/____/____

by cash charge check # _____

Scholarship Application Submitted ____Y ____N

Scholarship Awarded ____Y ____N

