

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 # \_\_\_\_\_