



ARTBLAST STUDENT INFORMATION

Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency please contact: _____

Phone: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Deposit of \$55 made in full on ____/____/____ by cash charge check #

Balance of \$_____ made in full on ____/____/____ by cash charge check #

RELEASE INFORMATION

I give the Arts Council of Beaufort County permission to use my child's photograph in program related activities and press. I understand that the Arts Council of Beaufort County 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.**