

STUDIO 4 ART

Advocates for Children and their Creative Needs

After-school Registration Form

Student Name: _____ Age: _____ Grade: _____

School Name: _____

Time/Date of Class/Camp: _____

Home Address: _____ City: _____ Zip: _____ Phone: _____

Email Contact: _____

Mother's Name: _____ Phone: _____ Phone: _____

Father's Name: _____ Phone: _____ Phone: _____

Emergency contact if parent or guardian is not available:

Name/Relationship: _____ Phone: _____ Phone: _____

Waiver and Release of Liability:

I hereby agree to indemnify and hold harmless **Studio 4 Art**, it's employees, instructors, and volunteers from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or connected with participation in the class/camp attended. In the case of an emergency, I hereby grant permission for my child to be treated by a qualified physician.

I give permission for my child's photo and artwork to be used in all forms of **Studio 4 Art's** publicity, brochures and web site.

I have read and understand the above:

Print Name: _____ Relationship: _____

Signature of Parent or Legal Guardian: _____ Date: ____ / ____ / ____

Enclosed Check #: _____ Amount: _____