

The Young Artist's Studio / REGISTRATION FORM

Class _____ Amount \$ _____

Class _____ Amount \$ _____

Class _____ Amount \$ _____

Total \$ _____

Student's name _____ Age _____

Address _____ Zip _____

Parent / Guardian name _____

Phone (s) _____

*Email (optional) _____

** Email is used solely for sending schedules, announcements and other event information*

Alternative authorized pick-up person (s) and phone (s) _____

EMERGENCY CARE INFORMATION

Secondary emergency contact (s) _____

Phone (s) _____

Medical conditions, medications or allergies _____

I release **The Young Artist's Studio** and it's owners from liability for any injury as a result of participation in any event or class and I give permission for the provision of basic first aid or to call 911 in case of an emergency for the above registered student.

Signature _____ Hospital _____

PUBLICITY RELEASE

The Young Artist's Studio has my permission to photograph the above registered student and to reproduce their artwork for publicity and / or promotional purposes. Please check appropriate space.

Photo__ Artwork__ Signature _____

Download the following PDF, or print this page, fill in and return with your payment. Thank you, we look forward to having fun together!