

Adventure in Art School Break Art Camps and Classes

Note: Please write legibly, especially emergency information. In an emergency, your child's safety is based on this information.

Please be complete.

Student Name: _____ Gender: ___ Age: ___ Birth Date: _____
Address: _____ City/State: _____ Zip: _____
Parent/Guardian(s) Names: _____ Home Phone: _____
Parent/Guardian(s) Email Address(es): _____
Parent/Guardian(s) Cell Phone and/or Work Numbers: _____
Emergency Contact Name & Cell Phone Numbers: _____
Characterize Your Child: _____

Medical Release Form

I, _____ agree to allow my child, _____, to receive medical treatment, should the need arise. I also give my permission for my child to be transported to the nearest hospital in the event of medical emergency. As parent and/or guardian of the above named child, I promise to hold Adventure in Art, LLC, harmless from any liabilities it may incur from the above named minor in connection with participation in art classes. I understand and agree to abide by the policies established regarding absences, refunds, and credits for tuition, and I will sign my child in/out on a daily basis.

Signature of Parent/Guardian, Relationship to Child Date

Class/es, Session Dates, Day, Fee

No registration fee is required.