

The Studio Registration Form

Students Name: _____

Grade: _____ Birth date: _____

Address: _____

Home #: _____ Cell#: _____

Email address: _____

Parent Name: _____

Cell #: _____ Home#: _____

Class Name: _____

Dates _____ Fee: _____

Please make checks payable to "The Studio".

Emergency Procedure:

In the event of an emergency, we will call 911 and transport, if needed, to nearest hospital.

Friend/Relative: _____ Phone: _____

Doctor: _____ Phone: _____

With my signature, I the parent, herein authorize emergency medical care.

(If you choose not to agree, YOU MUST indicate the procedure to be followed in the event of your child should need medical attention.

Please alert us to any particular health concerns or special needs:

By signing this form, I have fully read and accept The Studio policies. I accept all risks involved through participation in a class or workshop. I understand that no refunds, credits, or are issued for classes I am unable to attend. I give permission for The Studio to take photographs of my child or myself to be used for promotion purposes only.

Parent Signature: _____