

Elementary School Registration Form

Student name _____

Address _____

Phone _____

Email _____

Date of birth _____ Age _____

Grade level _____ Gender _____

Parent/Guardian info

Parent/Guardian _____

Home phone _____

Work phone _____

Cell phone _____

Email _____

Emergency Contact info

Name _____

Phone _____

Relationship _____

Suggested Donations are OPTIONAL.

Fall Workshops 2008

- | | | | |
|--------------------------|------------------|---|----------------|
| <input type="checkbox"/> | Pottery | Mondays Sep 29 th , Oct 6 th , 13 th , & 20 th | 5:30 - 6:30 pm |
| <input type="checkbox"/> | Pottery | Wednesdays Oct 1 st , 8 th , 15 th & 22 nd | 4-5 pm |
| <input type="checkbox"/> | Pottery | Wednesdays Oct 1 st , 8 th , 15 th & 22 nd | 5:30 – 6:30 pm |
| | | Suggested Material Donation \$20 | |
| <input type="checkbox"/> | Drumming | Sep 30 th , Oct 7 th , 14 th , 21 st & 28 th | 5:30 - 6:30 pm |
| | | Suggested Material Donation \$20 | |
| | | *Performance on 28 th 5:30-6:30 pm | |
| <input type="checkbox"/> | Mixed Media Show | Oct 27 th & Nov 3 rd | 5:30 – 6:30 pm |
| <input type="checkbox"/> | Mixed Media Show | Oct 29 th & Nov 5 th | 4-5 pm |
| <input type="checkbox"/> | Mixed Media Show | Oct 29 th & Nov 5 th | 5:30 – 6:30 pm |

Medical Information

Physician's name _____

Physician's phone _____

Please list any physical restrictions:

Describe any behavioral, mental, or emotional issues that might pose a challenge to group learning:

List any medications, when they are taken, and describe the medical condition:

List allergies to food, insects medications, etc. and any food restrictions:

Other _____

Liability release/Indemnity agreement: As the participant's custodial parent or legal guardian, I agree to release indemnity, and hold ART on the EDGE, its employees, instructors, and volunteers harmless from any and all liability claims, actions, judgements, damages, or injuries of any kind to the participant and/or his/her property arising from participations in ART on the EDGE. All reasonable measures have been taken to safeguard the health and safety of all participants, and I will be notified immediately in case of emergency. In the event of illness or emergency, I authorize ART on the EDGE to seek medical attention for my child.

Photo release: From time to time, ART on the EDGE uses photographs and videos of classes, workshops, and events and input from participating artists in publications and promotional materials. I give permission for the participant's comments, photograph, and/or video to be used by ART on the EDGE in this context.

Parent/Guardian signature

Date
