

REGISTRATION FORM

STUDENT NAME _____

STUDENT AGE _____

PARENT NAME _____

HOME PHONE _____

STREET ADDRESS _____

CITY _____

E-MAIL ADDRESS _____

PERSON TO CONTACT IN CASE OF
EMERGENCY _____

EMERGENCY PHONE
NUMBER _____

PHYSICIAN NAME _____

PHYSICIAN PHONE NUMBER _____

In case of accident or other emergency, when I cannot be reached, I authorize Studio Three staff to call or take my child for emergency medical treatment as deemed necessary. This consent is effective until revoked.

The undersigned agrees to indemnify and hold Studio Three harmless and release Studio Three from any and all liability for any injury or loss which may be suffered by the above-named individual in this program.

I agree to grant full permission to Studio Three to use any photographs for any publicity and promotion purposes without obligation or liability to me.

PARENT/GUARDIAN
SIGNATURE _____

TODAY'S DATE _____