



Handcrafted Art

Registration and Release Form

Child/Children Names: _____

Age: _____ Birthdate: _____ Current Grade: _____

Class: _____ Day(s): _____ Time: _____

Parent Contact Information:

Name: _____ Name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Medical Release Information:

Health Insurance Provider: _____ Primary Physician: _____

Address: _____ Phone: _____

Please list any medical concerns or allergies we should be aware of, or any medications your child will need to take while under our care:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Handcrafted Art, LLC and other associates will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Please check where you heard about our camp from:

Website Word of Mouth Flyer Other: _____

To secure your child's spot please:

- Complete the Registration and Release Form
- Sign and date this form
- Submit to Deborah@handcraftedart.org or mail packet to:

Handcrafted Art, LLC
1016 Belair St.
Waxhaw, NC 28173

I hereby grant permission for the above child/children to participate in the activities associated with their art/piano class. I understand that Deborah Neuhs will supervise my child/children during the designated class time. Prior arrangements need to be made for care before and after class. I will not hold the instructor liable for personal injury or damage to my child; their property or damage to the home the class is being held in.

I grant to Handcrafted Art, its representatives and employees the right to take photographs of me and my property in connection with art and music classes. I authorize Handcrafted Art, to copyright, use and publish the same in print and/or electronically.

I agree that Handcrafted Art may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature of parent or guardian _____ Date _____

For questions please contact Deborah at 704-614-3008 or www.handcraftedart.org

Note: the electronic signature in the signature box above is your confirmation that the application you have filled out is your own work and the information is factually true.