

Student Last Name _____ First _____

Birth Date _____ Grade _____ Teacher _____

Address _____

Parent(s)/Guardian Name _____

Contact Email _____ Contact phone _____

Emergency Contact Name _____ Relationship _____

Phone _____

Allergies _____

Special Notes: _____

REQUIRED POLICIES AND AGREEMENTS

Waiver of Liability In consideration for my or my child(ren)s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Create Heart Studio, LLC, their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

☐ I've read the above and agree.

Medical Authorization In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Create Heart Studios and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Create Heart Studios

I've read the above and agree.

Parent/Guardian Signature I have read and understand the above WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. In addition, I confirm that I am the parent/legal guardian of this registrant(s).

☐ I've read the above and agree.

Parent/Guardian
Signature _____ Date _____

Tuition and Discounts:

Payment is due at the time of registration.

Make Up Policies:

Upon enrollment if you know your child will miss a day, we will discount those classes from the tuition. If your child has a doctors note and is no longer able to participate in art class, we will refund the remaining classes.