



Adult Registration Form

Please do one of the following:

- print this form, fill it out, and bring it with you on the first day, or;
- Fill out the form digitally and email it to robin@crayonboxcollective.com

Student's Name _____

Address _____

Email: _____

Phone: _____

Emergency Contact Information

Contact #1 _____ (name) _____ (phone)

Allergies: _____

Anything else I need to know: _____

I agree to screen for illness before coming to class, and to stay home if ill

Although steps have been taken to prevent the spread of COVID, I understand that Crayon Box Studio cannot guarantee a 100% risk free environment.

I give the Crayon Box Studio permission to photograph me and to share photos for media and promotion purposes. Crayon Box will never identify any person by name or address.

Signature