



# Adult Registration Form

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

email: \_\_\_\_\_

## 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, flue, and other illnesses, 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