**REGISTRATION**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ guardian(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

RELEASE ARIEL GRENIER, BETWEEN FRIENDS ART CENTER, AND ANY OF THE CLASS INSTRUCTORS FROM ANY LIABILITY FROM ANY ACCIDENT OR INJURY WHICH MAY OCCUR DURING NORMAL CLASS ACTIVITIES. ALL CHILDREN WILL BE SUPERVISED DURING CLASS TIME AND WILL BE EXPECTED TO FOLLOW THE DIRECTIONS GIVEN BY THE TEACHER(S) TO ASSURE EACH CHILD’S SAFETY. I UNDERSTAND THAT MY STUDENT AND I ARE COMMITTING TO THE FULL SESSION FOR EACH PROGRAM. UPON DISCONTINUED ATTENDANCE FOR ANY REASON ALL PAYMENTS AND UNUSED CREDITS WILL BE FORFEITED.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon discontinued attendance for any reason all payments and unused credits will be forfeited.

I **DO / DO NOT** (circle one) give **Between Friends Art Center** the right and permission to use, without charge, photographs taken duringTheatre/Art/Dance Classes.

These photographs may be used in publications, including our website, or in audiovisual presentations, promotional literature, advertising, or in other similar ways

***Above information is held in confidence.***

**CONSENT FOR EMERGENCY TREATMENT**

I HEREBY GIVE PERMISSION FOR MY CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO BE GIVEN EMERGENCY TREATMENT (FIRST AID OR CPR) BY A QUALIFIED STAFF MEMBER IF AVAILABLE.

I ALSO GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE TO AN EMERGENCY CENTER AND TREATED BY EMT STAFF AS NEEDED IN THE CASE OF AN EMERGENCY THAT CAN NOT BE HANDLED AT THE CENTER AND DEEMED NECESSARY BY THE STAFF.

IN THE EVENT THAT I CANNOT BE CONTACTED, I FURTHER CONSENT TO THE MEDICAL/HOSPITAL CARE TREATMENT AND PROCEDURES TO BE PERFORMED FOR MY CHILD BY A LICENSED PHYSICIAN OR HOSPITAL WHEN DEEMED IMMEDIATELY NECESSARY OR ADVISABLE BY THE PHYSICIAN TO SAFEGUARD MY CHILD’S HEALTH.

IN THE CASE OF AN EMERGENCY WHERE THE STUDENT REQUIRES EMERGENCY TREATMENT AND/OR TRANSPORTATION I AGREE TO PAY **ALL** COSTS INVOLVED EITHER WITH INSURANCE OR PRIVATELY.

GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION THAT MIGHT BE NEEDED IF AN EMERGENCY ARISES**

PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHYSICIAN PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CONDITIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_