

POTTERY PLAYHOUSE REGISTRATION FORM

Parent name: _____

Address: _____

Phone: _____

1. Child name: _____ Age: _____ Birthday _____

Allergies: Yes _____ Medication _____ NO _____

2. Child name: _____ Age: _____ Birthday _____

3. Allergies: Yes _____ Medication _____ NO _____

4. Child name: _____ Age: _____ Birthday _____

Allergies: Yes _____ Medication _____ NO _____

Emergency Contact:

Name _____ Phone: _____

3. Event Information

- ☐ Mini Maker Monday Date: _____ 10:00 am -12:00 pm or 12:30 pm-2:30 pm
- ☐ Clay Lab for Kids (Tues/Thurs) Date: _____
- ☐ Canvas Class (Wednesday) Date: _____
- ☐ Freestyle Friday Date: _____
- ☐ Kids Night Out Date: _____
- ☐ Other: _____

4. Pottery Playhouse OIB Waiver & Permissions

By signing below, I acknowledge:

Liability Release and Waiver

I, the undersigned, acknowledge that my child named above is participating in a supervised drop-off activity at Pottery Playhouse OIB LLC.

I understand that participation may involve minimal risks associated with art materials and studio equipment.

I agree to release, waive, discharge, and hold harmless Pottery Playhouse OIB LLC, its owners, employees, and agents from any and all liability, claims, or causes of action that may arise from my child's participation.

I confirm that my child is potty trained, physically capable of participating, and I am responsible for any medical expenses resulting from injuries incurred during this activity.

[] I give permission for photos of my child to be used in studio promotions or social media.

[] I do not give permission for photos of my child. By signing below, I confirm I have read and agree to the terms of this waiver.

Pottery Playhouse - Liability Release and Waiver Form

Date: _____ Signature: _____

5. Office Use Only

- Payment received: ☐ Yes ☐ No
- Amount: \$ _____
- Date paid: _____
- Staff initials: _____