

PAINTED PALETTE SUMMER STUDIO

WEEK REGISTRATION: RETURN BY
JUNE 12 WITH DEPOSIT

STUDENT _____ GRADE _____ AGE _____
PARENT(S) _____ ADDRESS _____
CITY _____ ZIP _____ EMAIL _____ CELL _____

FEE \$145.00 - PAYABLE BY CASH/CHECK/ZELLE/VENMO
DEPOSIT \$50 DUE JUNE 12 _____ \$95 DUE JUNE 15th DATE RECEIVED _____

2nd STUDENT _____ GRADE _____ AGE _____
DEPOSIT \$75 DUE JUNE 12 _____ \$200 DUE JUNE 15th DATE RECEIVED _____

HEALTH & EMERGENCY CONTACT INFORMATION

While Painted Palette Studio strives to maintain a safe environment for each student, parents/guardians must participate by providing information to assist in case of emergency: *Please print*

Student(s): _____

EMERGENCY CONTACT:

Parent/Guardian 1: _____ **cell** _____

Parent/Guardian 2: _____ **cell** _____

If neither parent/guardian is available in an emergency notify:

Name: _____ **cell** _____

Relationship: _____

Allergies: (insect stings, medications, hay fever, asthma, other:

See Reverse Page 2 for more information and required signature.

Other Health Problems/Concerns:

PLEASE MAKE ARRANGEMENTS TO PICK UP STUDENTS BY END OF SESSION

Permission for Painted Palette Studio to use my child's photo/video interview/quotes on our website or Facebook pages for the purpose of advertising.

Yes **No**

I release and hold harmless CAN DO 123 LLC, DBA Painted Palette Studio and all officers and agents from any and all liability for injuries during participation at Painted Palette Summer Studio Week. I therefore also waive all claims against Painted Palette Studio owners and lesser of premises during participation at Painted Palette Studio Week. I understand I or my emergency designee listed must be available for contact in case of emergency to authorize any emergency care/treatment.

Signature of Parent/Guardian _____ **Date**