

ART SOUL LIFE CREATIVE STUDIO REGISTRATION FORM

Program Registering For: _____

Dates / Times: _____

Child Name #1: _____ Date of Birth / Age: _____ / _____

Medical Concerns / Allergies: _____

Health Number / Province: _____ / _____

Child Name #2: _____ Date of Birth / Age: _____ / _____

Medical Concerns / Allergies: _____

Health Number / Province: _____ / _____

Other information that may be relevant to your child/children: _____

Address: _____ City / Prov.: _____ / _____

Mother Name: _____ Father Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

(We will attempt to contact both parents first and then move to the contact listed below)

Name: _____ Phone: _____

In the event of illness or injury while at Art Soul Life Creative Studio, I do hereby consent to and permit emergency treatment.

I acknowledge that it is my responsibility to advise Art Soul Life Creative Studio of any medical or health concerns of my child / children, which may affect his/her participation in the stated programs.

Parent Name: _____ Signature: _____

PICK UP AND DROP OFF PROCEDURES

Art Soul Life Creative Studio does not provide child supervision outside of scheduled class times. Please ensure you arrive ON TIME to pick up your child/children at the end of each class.

All children under the age of 13 must be picked up or dropped off by a parent or guardian. We are unable to permit children under 13 to leave on their own without prior parental permission given in writing. (Permission Form Following)

I authorize the following adults to pick up my child from class:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OR

*I authorize my child to leave class and Art Soul Life Creative Studio on his/her own.

Name of Child: _____ Age of Child: _____

Name of Parent: _____ Signature: _____

CHILD PHOTOGRAPHY RELEASE FORM

For your upcoming Art Soul Life Creative Studio program, your child may be photographed or videotaped by Art Soul Life Creative Studio. These photographs may be used on our website and/or social media pages and/or in promotional materials, such as advertisements, brochures, flyers, fund-raising materials and any other related publications.

Your permission is required for photographs or filming of your children to be used for the above purposes. Please fill in the following information if you agree to allow your child to be photographed and/or filmed in this context.

I grant Art Soul Life Creative Studio the right to reproduce photographed or filmed images of my child, and his/her artwork created at Art Soul Life Creative Studio for use in promoting, publicizing or explaining Art Soul Life Creative Studios or any of it's offered activities.

Parent Name: _____

Signature: _____

Name of Child: _____

Date: _____

WAIVER

Waiver and Release of Liability

In consideration for having your child enrolled in art classes at Art Soul Life Creative Studio (Lloydminster), the undersigned acknowledges, understands and agrees that:

1. I do hereby agree to indemnify and hold harmless Art Soul Life Creative Studio and any agents, of any cause of action, claims, demands, losses or cost of any nature whatsoever arising out of or in any way related to my child's participation in activities; and
2. I hereby waive all rights to file or prosecute any civil action against Art Soul Life Creative Studio and any agents, for disability, death or any injury, loss or damage to person or property in any way related to or resulting from activities.
3. I acknowledge that if my child/children fail to abide by the directions and instructions from the staff at Art Soul Life Creative Studio, he or she will be subject to disciplinary action, which would include in his or her being excluded from participation in the program, being sent home at the cost of the parent or guardian or by being contacted to have him or her picked up.

I have read this agreement and fully understand the terms specified herein, and I am freely and voluntarily, agreeing to such terms by signing below, thereby executing this agreement at the City of Lloydminster, in the province of Saskatchewan, on this _____ day of _____, 20____.

**I have read the program registration package and am aware of all class start and end times. I acknowledge there is no pre-/post class supervision and I understand that my child can not leave Art Soul Life Studio on their own without prior permission acknowledged in this form.

Initials: _____