

Colorful Strokes CA

REGISTRATION/RELEASE FORM

EMERGENCY INFORMATION

STUDENT: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

MOM'S NAME: _____ PHONE: _____

DAD'S NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES? _____

PLEASE DESCRIBE ANY CONDITION/ISSUES OUR STAFF SHOULD BE AWARE OF: _____

Physician name and phone: _____

I hereby agree to indemnify and hold harmless Colorful Strokes California and their agents or employees from any liability of claim or action for damages from or in any way arising out of the participation in this program by the above person registered. In case of accident or illness, Colorful Strokes California has my permission to secure medical attention as deemed necessary, if unable to communicate with me directly.

Parent Signature

Date

PHOTO RELEASE

I DO give permission for my child, _____'s picture/art work to be taken for use in local newspaper, newsletters, website, etc. with or without my child's name.

Parent Signature

Date

