

Vortex Studio Registration Form 2019

Child(ren) Name(s): _____

Age(s) : _____

Parent/Guardian Name: _____

Email: _____

Address: _____

Home Phone: _____

Cell or Work: _____

1 emergency contact & relationship _____

Phone: _____

2 emergency contact & relationship _____

Phone: _____

****Are there any allergies or medical concerns regarding your child that we need to be aware of?** _____

If yes please explain: _____

Are there any additional notes about your child we should be aware of? _____

Would you like to allow another guardian to pick up your child? Yes ____ No ____

If yes who would it be and what is the relationship to the child _____

What Program are you attending?: _____

Do you confirm this form to be valid for all of 2019 courses at Vortex Studio? Yes: ____ No: ____ Start date: ____ - ____

Do you allowto go on an art walk around Wakefield Village with Stella or a Vortex staff member? yes__ No__

I/we give permission for use of my child's picture and likeness in pictures, video, publications and other promotional materials, connected with Vortex Studio. Yes. ____ No ____ please ask child _____

How did you hear about Vortex Studio? _____

Would you also be interested in adult art workshops and classes? Yes ____ No ____

Would you be interested in kids pop in workshops? Yes ____ No ____

Would you like to be added to our email mailing list. You will have the option to unsubscribe. Yes ____ No ____

FOR GOOD AND VALUABLE CONSIDERATION RECEIVED: I/we give permission for my child to participate in programs located at all Vortex Studio locations. I/we give permission to Vortex Studio to take whatever steps are reasonably necessary to obtain emergency medical care, if required. Any expenses incurred in carrying out these steps will be borne by the child's family.

Your child WILL NOT be permitted to be picked up by anyone else, other than a parent, without written consent as well as telephone confirmation with Vortex Studio. Vortex Studio is not responsible for anything that may happen as a result of false information given on this form. I/we undersigned irrevocably agree, and do hereby release Vortex Studio, her heirs, assigns and all associated persons from liability and all claim for damages regarding any incident or injury sustained by my child in workshop/studio/art and outdoor related activities. I grant permission for my child to participate in these activities and will not make claim against, sue or attach the property of Vortex Studio in any respect.

Name: _____

Relationship to child: _____

Signature: _____ • (seal) Date: _____

