

STUDENT NAME _____ DATE OF BIRTH _____ GRADE IN SCHOOL _____

PARENT/GUARDIAN NAME _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK _____ CELL _____

EMERGENCY CONTACT _____ CONTACT PHONE _____

CIRCLE ONE: CHILD TEEN SESSION _____ FEE + \$15 REGISTRATION FEE = _____

How did you hear about Bass Arts Studio? _____

Photo Release: Bass Arts Studio Does / Does Not (circle one) have my permission to use photos of my child or their artwork for publicity.

I/ we the parents of the above named child do hereby give my/our approval to participation in any and all of the activities. I/We do assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities; and do further hereby release, absolve, indemnify and hold harmless Bass Arts Studio and the organizers and supervisors, any or all of them. In case of injury to my/our child, I/we hereby waive all claims against the organizers, the sponsors or any supervisors appointed by them.

Parents Signature: _____

Date _____