



Class Registration

NAME: _____ NICKNAME _____

AGE: _____ BIRTHDATE: _____

E:MAIL _____

WE WILL USE E-MAIL FIRST TO NOTIFY PARENTS OF CHANGES IN SCHEDULE OR CLASS NEEDS.

I am registering my child for the following classes:

- 1.
- 2.
- 3.
- 4.

EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN OR EMERGENCY CONTACT:

ADDRESS: _____ PHONE _____
Street Address City State Zip

BUSINESS/
ADDRESS: _____ PHONE _____
Street Address City State Zip

IF NOT AVAILABLE IN AN EMERGENCY NOTIFY:

NAME: _____

RELATIONSHIP: _____ PHONE _____

ADDRESS: _____
Street Address City State Zip

CHILD'S

NAME: _____

PHOTOGRAPHY/PUBLICITY RELEASE

I consent and authorize the designated staff of the Le Mars Arts Council, their members, successors, assigns and nominees to use and reproduce the name, interviews, photographs, and video taken of my son/daughter named above while attending events at the Le Mars Arts Council held at the Arts Center in Le Mars, Iowa, and to circulate the same for any and all promotions of all kinds in all media.

The undersigned does hereby release the Le Mars Arts Center, their members, successors, assigns, and nominees, and any and all persons associated in any capacity with the Le Mars Arts Center from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claim based on the use of said material.

PERMISSION OF RIDE OR BIKE WITH: _____

KNOWN ALLERGIES OR

RESTRICTED ACTIVITIES: _____

Parent/Guardian Authorization: The person herein described has permission to engage in all activities except as noted above.

I hereby give permission to the LMAC to seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Le Mars Arts Council (LMAC) to arrange necessary related transportation for me/my child.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the LMAC to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of the Arts Center.

Signature of parent/guardian _____

Printed Name _____ Date _____

FOR STAFF USE ONLY:

Fees paid/method:

Date:

Special Message to Office: