



Adult Class or Camp Registration & Emergency Form 2017

If this is your first time at Davis Studio, completion of the Emergency section (on the back of this form) is required. Unless information has changed, returning students do not need to resubmit this form.

Student Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail*: _____

Address: _____ State: _____ Zip: _____

How did you FIRST hear about Davis Studio (i.e. a friend, camp fair, social media, etc.?)

Name of Requested Class/Camp: _____

Start Date: _____ Class/Camp Fee: \$ _____

Requested Instructor (if applicable): _____

- Please verify that we have your correct e-mail address as confirmations, class cancellations and other communication will be done via e-mail.
- Class or camp fees are non-refundable. However, fees may be transferred to a future class or camp if a written request (via e-mail) is received 10 days prior to the start of the class or camp from which you are withdrawing.
- If a class does not fill, you will be notified prior to the start of the class and a full refund will be given.
- If you would like to pay by check, fill out this form completely and submit with your check (made payable to Davis Studio.)

A SEPARATE FORM IS REQUIRED FOR EACH ADULT.

Student's Name: _____ **Date of Birth:** _____

Emergency Contact 1: _____

Phone: _____ Relationship: _____

Emergency Contact 2: _____

Phone: _____ Relationship: _____

Name of Primary Care Physician: _____

Phone: _____ Health Insurance Provider: _____

Medical/Allergy Information (Please list any medical issues, illnesses, or allergies that might affect your participation in the program.)

Release of Liability: I hereby represent that I am in good health, I have identified all medical conditions, and have adequately informed Davis Studio personnel of any special instructions regarding my health. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I give the staff at Davis Studio permission to authorize emergency medical attention, should it be required.

Signature: _____ **Date:** _____