



Under 18 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.

Student's Name: _____ Date of Birth: _____

Parent/Legal Guardian 1: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail*: _____

Address: _____ State: _____ Zip: _____

Parent/Legal Guardian 1: _____

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 CHILD.

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: _____

Pick-up Authorization (The following individuals have permission to pick up my child from Davis Studio.)

Name: _____

Phone: _____ Relationship: _____

Name: _____

Phone: _____ Relationship: _____

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

Behavioral/Learning Information (Please list any information regarding your child's learning style or behavior that may help us facilitate the best learning environment.)

Release of Liability: I hereby represent that the minor is in good health, and that I have identified all medical conditions associated with the minor, and that I have adequately informed Davis Studio personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor 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.

Parent/Guardian Signature: _____ **Date:** _____