



## 2019 Adult Class Registration & Emergency Form

**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: \_\_\_\_\_

**Name of Requested Class:** \_\_\_\_\_

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 fees are non-refundable. However, fees may be transferred in full to a future class if a written request (e-mail) is received 14 days prior to the start of the class from which you are withdrawing. If we have fewer than 14 days' notice the credit will be minus 20% the cost of your class. Cancellations within 48 hours of a class or workshop are non-refundable/non-transferable. We often turn away students and a last minute cancellation prevents us from filing the spot. Should Davis Studio need to cancel a class for any reason you will be notified and given a full refund.
- If you would like to pay by check, fill out this form completely and submit with your check (made payable to Davis Studio.) Enrollment is subject to availability at time check is received.

### **A SEPARATE FORM IS REQUIRED FOR EACH ADULT.**

**Student's Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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**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:** \_\_\_\_\_

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