



Under 18 Class or Camp Registration & Emergency Form 2019

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: _____

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 in full to a future class or camp if a written request (e-mail) is received 14 days prior to the start of the class or camp from which you are withdrawing. If we have fewer than 14 days' notice the credit will be minus 20% the cost of your class or camp. Cancellations within 48 hours of a class, camp or workshop are non-refundable/non-transferable. We often turn away students and a last minute cancellation prevents us from filling the spot. Should Davis Studio need to cancel a class or camp 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.)

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: _____

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:** _____