

**Registration form part A**  
**Contact Information**



Name of the student \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent / Guardian \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Authorized to take photographs for promotional purposes and advertising?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Class requested:

Regular Art Class

Summer Camp

Other \_\_\_\_\_

Dates \_\_\_\_\_

Please Note: If a child is not picked up by 10 minutes following the end of class, a late arrival fee of \$5.00 will be assessed. If a child has not been picked up by 15 minutes following the end of class, a late arrival fee of \$10 will be assessed. Delays of 20 minutes or longer will result in a late fee of \$1 per minute.

\_\_\_\_\_  
Signature of  
parent/Guardian

\_\_\_\_\_  
Signature  
Teacher / AE Representant

**2101 South 1st St. Suite D Austin, TX 78704**  
**(512) 415-9376 (512)998-0537**

**Each participant must complete a registration form.**  
**Payment is required to secure a spot in the class.**

**Registration form part B**  
**Medical Information**



Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ Blood Type \_\_\_\_\_  
Date of Vaccinations: Polio \_\_\_\_\_ Tetanus \_\_\_\_\_

The following health information is confidential. Use the reverse side of this form if necessary. Please list any current medical problems, physical or psychological:

---

---

---

Please indicate all know allergies, including know allergies to certain medications:

---

---

---

Please indicate any prescribed medications that student will be taking during the program. Please provide the name(s) of the medication(s):

---

---

---

Any additional concerns that you would like to tell us:

---

---

I Hereby grant ARTeSTUDIO Austin and/or its staff authorization to seek treatment for emergency, illness, accident or injury. By signing below. I grant permission for my child to participate in classes and workshops during ARTeSTUDIO Summer Camps or regular programs. I acknowledge that there are certain risks of physical injury involved in a art program. I understand accept and assume these risks. By signing below I declare that my child is physically health and that my child has a medical doctor's approval to participate in said art classes and workshops. I do hereby release ARTeSTUDIO, its staff, its employees or servants, whether paid or volunteer, from any liability to injuries of accidents which may arise from my child's participation in any ARTeSTUDIO class, meeting or event.

Signature of parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_