



## REGISTRATION

Class/Camp session + dates: \_\_\_\_\_ Cost \_\_\_\_\_

Name of artist: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: YES NO If yes, what \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Permission Agreement:

A. I/we understand that all Art Bar classes take place Barbara Rucci's house at 65 Oenoke Ridge, New Canaan, Ct, 06840. I/we grant permission for my/our child to participate in all of the Art Bar activities that take place in the house, with exceptions noted here:

B. I/we grant permission for my/our child to be included in pictures of promotion connected with Art Bar, such as for artbarblog.com, Instagram or Facebook.

C. I/we grant permission for the staff of Art Bar to take whatever steps necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following: 1. Administer minor first aid 2. Attempt to contact a person, guardian or emergency contact 3. Attempt to contact child's physician 4. Attempt to contact the parent through any of the persons listed above 5. If we cannot contact the parent or the child's physician, we will do any of the following: a. Call another physician b. Call an ambulance. c. Have the child taken to the emergency room in the company of a staff member in a staff vehicle. 6. Any expenses incurred under item "5" above will be borne by the child's family.

SIGNED: \_\_\_\_\_ DATE : \_\_\_\_\_

By signing this form I agree to the policies in this document.

Checks are made payable to: Barbara Rucci, 65 Oenoke Ridge, New Canaan, CT 06840