



'YOUTH ART FUN'

COURSE NAME:

CHILD INFORMATION:

Child Name *

First Name

Last Name

Grade *

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

E-mail *

example@example.com

Liability Waiver:

I, as parent and/or guardian of the child enrolling in a YOUTH ART FUN' WATER COLOURS Class hereby acknowledge the following notices and grant to 'YOUTH ART FUN', the following release from liability:

A. LIABILITY: I acknowledge and fully understand that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless YOUTH ART FUN, its owner and art instructor from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by his/her participation in the YOUTH Art FUN water colour classes program.

B. REFUND POLICY: In special circumstances , 20 percent refund will be given , if it will be infromed 24hours before the start of the program.

C. PERSONAL BELONGINGS: In addition, we understand YOUTH ART FUN is not responsible and are held harmless for damage or loss of money, jewelry, equipment, clothing or other personal articles. DO NOT SEND VALUABLES TO YOUTH ART FUN. We understand that valuable items are brought to YOUTH ART FUN at our own risk.

D. PHOTO RELEASE: I AGREE to give YOUTH ART FUN permission to use photographs, videos or audio recordings of my child for any YOUTH AR FUN Workshop promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. (NOTE: Please inform art instructor if you are not agree).

PARENTS/GUARDIAN

signature:

Date



Month Day Year

COURSE FEE:

Per session\$35

Booked in 3

sessions \$100

PAYMENT METHOD:

Bank Transfer:

Moniba Malik

BSB 105-189

Acc 021036240

Note:

send this registration form to: muneeba.zaheer@yahoo.com