



smART kids Afterschool Art Class Registration Form

Student Name _____

Age _____ Allergies/Special Needs _____

Parent/Guardian Name _____

Phone Number _____

Email (please print) _____

EMERGENCY Contact-Name _____

Tuesday 4:00-5:30 _____ or Thursday 4:00-5:30 _____
\$125 Per Month

POLICIES AGREEMENT:

Release/Waiver: I hereby indemnify and hold harmless **ARTpost at Happymess** and its employees, volunteers and contractors from and against any and all claims for personal injuries or damages of any kind arising from participation in happymess programming. Further, I authorize ARTpost staff and faculty to seek emergency medical help if necessary. I realize that ARTpost staff makes safety their first priority. However, in the event of a medical emergency involving my child, I realize that every effort will be made by happymess staff to contact me as quickly as possible and I agree to indemnify and hold harmless ARTpost personnel seeking medical care for my child. **Photo Consent:** By your signature, you agree that happymess may use the above named student's photograph in the routine promotion of its classes and activities and for other non-commercial applications.

SIGNATURE: _____ DATE: _____