

Registration Form

Stumptown Art Studio

Date_____

Student Name_____

If under 18: Parent/Guardian _____ Age_____

Address_____

Phone _____ Emergency Contact_____

E-mail_____

- Class_____ Session #___ Dates_____ Fee_____
- Class_____ Session #___ Dates_____ Fee_____
- Class_____ Session #___ Dates_____ Fee_____
- Class_____ Session #___ Dates_____ Fee_____

Member?: Yes_____ No_____ **Total Amount Enclosed:** _____

I, the undersigned do hereby indemnify and agree to release SAS and all associated persons from liability for any incident, accident or injury sustained during my child or children's, or own participation in art related activities. I grant permission for myself and/or for my child or children to voluntarily participate in these art related activities and will not make claim against, sue or attach the property of SAS.

You must sign here:_____

() Please check here if you DO NOT authorize the use of you or your child's **artwork or photos** for SAS publications without permission or compensation.

***Are there any allergies or medical concerns regarding you or your child(ren) that we need to be aware of? ()NO ()YES Please explain:**

Fill out this form and mail to PO Box 4938 Whitefish, MT 59937
or drop it off at our downtown location,
145 Central Avenue in Whitefish
Forms may also be faxed to (406) 862-5029

info@stumptownartstudio.org/www.stumptownartstudio.org

Stumptown Art Studio & Ceramics Annex
(SASCA)

Monday-Friday 10am-6pm and Sundays noon-5pm
tel:(406) 862-5929 fax: (406) 862-5029