

**SUMMER CAMP REGISTRATION FORM 2016**

STUDENTS MUST COMPLETE REGISTRATION BEFORE ATTENDING CAMP

Student Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian  
Name(s): \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Address / Street, City, State, Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ email: \_\_\_\_\_

Doctor / Pediatrician: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Does your child have any allergies?: \_\_\_\_\_ If so, please list: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**RELEASE AND WAIVER**

The undersigned hereby waives and releases Garri Matnadze from all claims as to any and all injuries that may incur or sustain during art sessions with Garri Matnadze.

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

\_\_\_\_\_ I hereby **grant** permission to the Garri Matnadze to take and use photographs/ videotapes of my child for the use of promotional materials for the studio.

\_\_\_\_\_ I hereby **do not** grant permission to the Garri Matnadze to take and use photographs/videotapes of my child for the use of promotional materials for the studio.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_