

**Class Registration Form**

Name of Class \_\_\_\_\_

Date of 1st Class \_\_\_\_\_ Cost of Class \_\_\_\_\_

Name Of Participant \_\_\_\_\_ Age (youth) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent or other contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

List email address here for an email confirmation and reminder \_\_\_\_\_

Permission Form (for Youth Classes) \_\_\_\_\_ has my permission to participate in the classes at the Golden Art Gallery and I release the Golden Art Guild from liability for the activities during the class. In an emergency and I can't be reached, I grant permission for emergency medical treatment to be given to my child and I will assume financial responsibilities for reasonable medical treatment.

Parent Signature \_\_\_\_\_

Any special conditions to be aware of (i.e. diabetes or allergies):