

MAC Student Registration Form

Please Print

Student Name: _____

Age: _____ Grade: _____ Birth date: _____

Parent name(s): _____

Contact information:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Information:

Family physician: _____ Phone: _____

Family member or Friend: _____ Phone: _____

Any Allergies, illnesses, or physical limitations we should know about?

Liability Waiver

I, the undersigned parent or legal custodian of the above student, understand that my child might be using a variety of art materials and doing activities that may require physical exertion. It is my responsibility to consult with a physician before his/her participation in any classes, productions, programs or workshops, on premises or off. I agree to assume full responsibility for any risks, injuries or damages that might occur because of participating in activities sponsored by Millington Art Council. I agree not to hold Millington Art Council, any board member, hired artist, or volunteer liable for injuries sustained or illnesses contracted while a student of Millington Art Council. I have agreed to the terms of this document of my own free will.

Signature of Legal Guardian or Student over the age of 18

Date

Please print name of legal guardian or student over the age of 18.

Please complete and sign this form. Email to: millingtonartscouncil@gmail.com