

**MAC Student  
Registration Form  
Classes for Ages 13 & Up**

**Please Print**

Student Name: \_\_\_\_\_

For students ages 13-17: Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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 under age 18) or (the undersigned student above the age of 18), understand that this class may require the use of a variety of art materials and activities that may require physical exertion. It is my responsibility to consult with a physician before 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