

**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 and bring with you to class!