

YWCA of High Point
Diversity Drama Registration Form

PLEASE PRINT ALL INFORMATION

NAME _____ AGE _____

DATE OF BIRTH ___/___/___ GENDER ___ MALE ___ FEMALE ETHNICITY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (Home) _____ (Cell) _____

E-MAIL ADDRESS _____

Emergency Contact Information:

NAME _____ RELATION _____

PHONE (Home) _____ (Cell) _____

Medical Conditions:

Are you currently a YWCA member? _____ YES _____ NO

Liability Release:

I hereby assume all risks associated with my/my child's participation in YWCA programs and agree to hold harmless the YWCA, its employees, agents, representatives and volunteers from any and all liability action, causes of action claims, the terms hereof shall serve as an assumption of risk for my heirs, estate, executor, administration, assignees, and all members of my family.

Parent or Guardian if under 17 _____ **Date** _____

Photo Release:

I agree and consent to the use of photographs likenesses of me/my children participating in the YWCA programs for publicity and promotional purposes by the YWCA.

Parent or Guardian if under 17 _____ **Date** _____

Participation:

I understand that this program is for two days June 23rd 3pm-6:30 and June 24th 11:30-6:30 p.m. and I commit to participating both days.

Parent or Guardian if under 17 _____ **Date** _____

For more information, call Kathie Sztas @ 336-822-4126 or email @ywcastudioart@gmail.com