

YWCA of High Point
Studio Art Registration Form

PLEASE PRINT ALL INFORMATION (person who will be participating in program)

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 _____

For more information, call Kathie Szitas @ 336-882-4126 or email ywcastudioart@gmail.com

Program Date and Time: _____

Program Date and Time: _____

Program Date and Time: _____

Program Date and Time: _____

