



## Class, Camp and Workshop Registration

**Artist's Name:** \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

**Class/Workshop/Camp (title and dates):**

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**Parent Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

I agree for my child to receive instruction and to participate in the programs offered by Arts Aloft Studio. For, and in consideration of my child's instruction and participation, I release and hold harmless Arts Aloft LLC from all claims and liability arising from my child's participation in activities at the studio and neighborhood park. \_\_\_\_\_ initials

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

To register, please print and fill out this page. Enclose this registration form along with your check made out to Arts Aloft and mail to:

Arts Aloft  
3302 E Spring St  
Seattle, WA 98122

*Thank you!*