



Class registering for: _____ Time: _____ Location: _____

VSA Florida Community Art Classes



Student Registration

Student Name:	Age:	Date of Birth:	
Address:	City:	State:	Zip:

PARENT or GUARDIAN INFORMATION

Name:	Home Phone:	Work or Cell Phone:
Relationship to Student:		

Email Address: _____

Name:	Home Phone:	Work or Cell Phone:
Relationship to Student:		

Email Address: _____

Special needs or accommodations that should be considered for this student: _____

PARENT'S APPROVAL AND MEDICAL RELEASE

In the case of a physical or any injury to registrant associated with an activity involving VSA and/or VSA Florida, the registrant and contractor shall indemnify and hold harmless, and hereby releases, discharges, and acquits VSA and VSA Florida, Inc. (and their respective directors, officers, members, employees, agents and independent contractors) from and against any and all claims, damages and liabilities resulting from or associated with said injury or the treatment of said injury.

My son/daughter has my permission to participate in VSA Florida Art Programs. I hereby give my consent to have a doctor of medicine or dentistry provide my son/daughter with emergency medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date