



## Registration Form STUDENT INFORMATION

Student Name	Age	Birth Date
School Attending	Grade (upcoming)	Parent/Guardian Name
Home Address	Home Phone	Cell/Work
City/ZIP	Email Address	

### EMERGENCY CONTACT INFORMATION

Emergency Contact	Phone	Secondary Phone
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### PLEASE LIST ANY ALLERGIES/MEDICATIONS/RESTRICTIONS BELOW:

### ENROLLMENT INFORMATION

\*\$25 registration fee for all camps  
(waived for current students)

Course Name	Session #	Days	Time	Tuition	Mat. + Reg.Fee	Subtotal
1.						
2.						
3.						
<b>TOTAL:</b>						

### How did you hear about us?

Google  
  Facebook  
  Yelp  
  Friends  
  Flyer  
 Other: \_\_\_\_\_

I, the undersigned parent or legal guardian of \_\_\_\_\_ (said minor), give permission for him/her to attend Splash Kala Studio, supervised by authorized Splash Kala Studio staff, and I further agree to release Splash Kala Studio from and against any liability for any injury or loss of possessions which may rise out of the aforementioned individual's connection to his/her participation in activity.

I further authorize the Splash Kala Studio staff to use its discretion to secure medical aid if and when necessary. Splash Kala Studio will not be held responsible for payments incurred due to medical care for injuries. I also agree to grant permission to Splash Kala Studio to use the participant's name, photographs, videos, or any recording for any publicity and promotion purposes without obligation or liability to me or to the participant. I verify that all of the above information is true and accurate. I have read, and fully understand the Terms and Conditions of Splash Kala Studio, and also fully understand that by signing below I am agreeing to all terms and conditions stated herein.

Signature of Parent/Guardian	Date
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