

Artist Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Specify class &amp; day of week: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Any allergies, medical or learning issue we should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider(if any): \_\_\_\_\_

Phone: \_\_\_\_\_

I grant permission for my child to be included in pictures for promotions of KUGA Visual Arts. ( \_\_\_ Initial here if declined)

I grant permission for the staff of KUGA Visual Arts to take whatever steps necessary to obtain emergency medical care if needed. These steps may include but are not limited to the following: Administer first aid. Attempt to contact parent or guardian. Attempt to contact emergency contact. Attempt to contact doctor. If we are unable to contact any of the above, we will do any or all of the following: Call another physician. Call an ambulance. Have the child taken to Wilcox Hospital Emergency Room in the company of a staff member in a staff vehicle. I will not hold KUGA Visual Arts, KUGA, or any of its instructors responsible for anything that may happen while at KUGA Visual Arts studio. KUGA Visual Arts will not be responsible for any child who has not been signed in/out when he/she arrives and leaves class.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Amount enclosed:  Check  Cash

Checks can be made payable to: KUGA &amp; mailed to: KUGA Visual Arts

PO Box 703 Kalaheo, HI 96741

**IMPORTANT INFO:**

\* Class size is generally limited to 12 students per class so you will be contacted if your child is put on a wait list.

\* Any returned checks will be charged a \$25 fee

\* Please be on time for pick up and drop offs.