Put Art in Your Heart

(Please use a separate form for EACH child.)

CHILD'S INFORMATION

Child's Name: _____

Birth Date: _____ / _____ / _____ Age: _____
year *month* *day*

PARENT/GUARDIAN INFORMATION **(please complete this section in full)**

Parent's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ( ) _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

Email Address: _____

WHO CAN PICK UP THE CHILD?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ( ) _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

EMERGENCY CONTACT INFORMATION (in the event that we cannot contact you)

Name: _____

Relationship: _____ Phone Number: ( ) _____

SPECIFIC CHILD INFORMATION

Allergies: _____

Medical Condition(s): _____

Current Medication(s): _____

Special Need(s): _____

Limitation(s): _____

I hereby give my consent to my child, _____'s, participation in the activities at HILL COUNTRY FITNESS. I understands that creative movement, dance, and creative role play are activities that have a risk of accident or injury. I agree that HILL COUNTRY FITNESS, PUT ART IN YOUR HEART LLC, it's owners, instructors, landlords or any other student will not be held liable for any injuries or damages that may be incurred.

I have read, understand, and fully agree to the terms of this waiver and release. I understand that I have given up substantial rights by signing it. I have signed this agreement freely, voluntarily, under no duress, and without inducement.

Parent's Signature: _____ Date: _____