

Art Class Registration Form

Class/date _____ Total _____
Name _____ Age _____
Address _____

Phone # _____ email address _____
Parent/guardian name _____
Emergency contact info _____

The parent/guardian of the child named above acknowledges that 1) s/he has enrolled in class(es) offered by Art by JuliAnn and 2) s/he is willing to waive and release Art by JuliAnn, it's agents and employees from all claims demands, causes of actions, liabilities, losses, damages and costs that may arise from any and all injuries and damages sustained while attending the class(es).

Parent/Guardian signature _____

Mail registration and check to:

JuliAnn Goronkin
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Clifton Park, NY 12065
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juligoronkin@yahoo.com
www.artbyjuliann.com