



Bear Art School Class Registration

2009—2010

Name of participant: _____

Parent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel-1: _____ Tel-2: _____

Email: _____ Age (if under 18): _____

Bear Art School

P.O. Box 81

Lampasas, TX 76550

Ph: 512-556-2683

Cell: 512-734-3260

joanie_bear52904@yahoo.com

bearartschool.com

Medical Release: In the event my child suffers a sudden illness, accident or injury and neither a parent or guardian can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Emergency Contact Person: _____ Ph # _____

Family Physician: _____ Ph # _____

Medical Insurance Company: _____

Release of Liability: The undersigned hereby releases and holds the Bear Art School (BAS), their, teachers, administrators, volunteers, and parents participating in any school sponsored activity, events and field trips:

1. From any and all liability for any mishap or injury to the participant named herein.
2. From any injury or damage resulting from the activity, mode of transportation, or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction, or damage to any personal property.

Special considerations or needs of participant: _____

Persons allowed to pick-up your child: _____

I have read, understand and accept the terms above.

Participant Signature (if age 18 or older) _____ Date: ___/___/___

Parent/Guardian (if under age 18) _____ Date: ___/___/___