

Sofia Art Academy Summer Camp 2017 Registration Form

Registration Fee: \$25.00 (\$50 after May 15)

Circle your option below:

June 5-9	July 10-14	July 31- August 4
June 12 -16	July 17-21	August 7-11
June 19 - 23	July 24-28	August 14-18
June 26 - 30		August 21-25

Student's Name	Date of Birth	M F Sex
Parent's/Guardian's Name (If applicable)		
()	()	()
Home Phone	Work Phone	Student's Cell Phone
		()
Address		Parent's Cell Phone
City, State ZIP Code		Email Address

How did you hear about Sofia Art Academy?

I give permission for my child to attend art classes at Sofia Art Academy. I release Sofia Art Academy and its employees from liability in case off accident during activities related to art classes at Sofia Art Academy, as long as normal safety procedures have been taken.

Parent's/Guardian's Name (Print)

Student's (if over 18) or Parent's/Guardian's Signature

Registration Date

Emergency Contacts

Primary Emergency Contact	(relationship)	Secondary Emergency Contact	(relationship)
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Student's Signature (Over 18 y.o.)

(Print Name)

Parent's/Guardian's Signature (If applicable)

Date