



## Youth Registration Form

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### Emergency Contact List

#### Primary:

Name & Relation: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

#### Secondary:

Name & Relation: \_\_\_\_\_

Phone(s): \_\_\_\_\_

#### Please list allergies or other medical concerns instructors and staff should be aware of.

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

The information you have provided will be kept confidential and collected strictly for emergency use and open communication between parent(s)/guardian(s) and instructors.

Students are expected to be attentive to the instructor's direction, focused and engaged on planned assignments/activities, and maintain an appropriate voice volume with respect to surrounding studios. Students at SoCCA are expected to be respectful of materials, equipment, one's own artwork, and the artwork of their peers at all times. Failure to comply with these standards can result in dismissal from class and the forfeiture of class fees.

I acknowledge that SoCCA is not responsible for personal injury or lost property and hereby release all claims of liability while my child is attending classes at SoCCA. I give my consent to SoCCA to use any pictures and/or videos my child is included in, for advertisement or visual presentation purposes including but not limited to newspaper ads, social media and/or websites. My signature below acknowledges and serves as an agreement to the above stated terms.

X \_\_\_\_\_ Date \_\_\_\_\_