

COW BELL KIDS WORKSHOP REGISTRATION FORM



kids workshop

The Studio of
NEIL POWELL

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Brooklyn, New York 11215
646 309 4386

neil@neilpowell.com

neilpowell.com/cow-bell-kids-workshop/

Student Name _____

Student Age _____ DOB _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Emergency Contact _____

Phone _____

Emergency Contact 2 _____

Phone _____

Policies & Tuition:

Classes are 1.5 hours (3:30pm-5:00pm)
2 afternoons a week (Tuesday & Thursday)
during a 4 week session (Sept 13-Oct 13).

Tuition is \$240.00 (\$30 per class) + One-time \$20 materials fee

You may request to extend classes an extra half hour for \$20.

Tuition is due upon registration and is payable by cash or check payable to The Studio Of Neil Powell.

Missed classes are non-refundable but can be made up based on availability if cancelled within 24 hours prior to class time.

Liability Waiver and Release of All Claims:

Please read this form carefully and be aware in registering your child for participation in this program, you will be waiving and releasing all claims for injuries your child might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the risk of any injuries which my child may sustain as a result of participating in the activities of such program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I further understand that my child as part of this program shall be exposed to a variety of non-toxic art supplies and materials. I acknowledge that my child has no allergies or medical conditions which would interfere with said program with the exception of _____ (List any allergies or medical conditions which may affect your child's participation) I have read and fully understand the above Waiver and Release of All Claims.

Signature of Participant or Parent/Guardian _____ Date _____

Photography Waiver (opt in) I hereby consent to the use of my child's photograph in 9th and Art brochures, publications, etc.

Signature of Participant or Parent/Guardian _____ Date _____

OFFICE ONLY

MATERIALS

TUITION

CHECK / CASH