

# SHARON ART STUDIO REGISTRATION FORM

AGE (YOUTH ONLY) \_\_\_\_\_

OFFICIAL USE ONLY: FOSAS MEMBER?  YES

STUDENT FIRST NAME _____	LAST NAME _____
ADDRESS _____	CITY/STATE/ZIP _____
PHONE (HOME) _____	PHONE (WORK) _____
EMAIL _____	
IF UNDER 18 YEARS OLD, WRITE NAME OF PARENT/GUARDIAN _____	
IN CASE OF EMERGENCY CALL _____	
NAME	PHONE
CUBBY OR GLASS SHELF # (FOR RETURNING STUDENTS) _____	

<p><b>CHECK #1 - CLASS FEE</b> <b>STUDENTS FILL OUT INFO</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">CLASS CODE</td> <td style="border-bottom: 1px solid black;">CLASS TITLE</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">CLASS FEE</td> <td style="width: 30%; border-bottom: 1px solid black;">CHECK #</td> <td style="width: 40%; border-bottom: 1px solid black;">CHECK DATE</td> </tr> </table> <p>CHECK #1 - CLASS FEE payable to either: (see brochure listing)</p> <ul style="list-style-type: none"> <li>• SFR&amp;P (San Francisco Recreation &amp; Park Dept.)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• FOSAS (Friends of Sharon Art Studio)</li> </ul>	CLASS CODE	CLASS TITLE	CLASS FEE	CHECK #	CHECK DATE	<p><b>CHECK #2 - OPERATION OR MATERIAL FEE</b> <b>DOES NOT APPLY TO ALL CLASSES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">OPER OR MAT FEE</td> <td style="width: 30%; border-bottom: 1px solid black;">CHECK #</td> <td style="width: 40%; border-bottom: 1px solid black;">CHECK DATE</td> </tr> </table> <p>CHECK #2 payable to either: (see brochure listing)</p> <ul style="list-style-type: none"> <li>• FOSAS (Friends of Sharon Art Studio)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Class Instructor (see brochure listing)</li> </ul>	OPER OR MAT FEE	CHECK #	CHECK DATE
CLASS CODE	CLASS TITLE								
CLASS FEE	CHECK #	CHECK DATE							
OPER OR MAT FEE	CHECK #	CHECK DATE							

**WRITE CLASS CODE ON MEMO LINE OF ALL CHECKS - CASH & CREDIT CARDS NOT ACCEPTED**

**WAIVER OF LIABILITY** As an adult student or the parent/guardian of a minor child (hereafter "my child") participating in activities of the City and County of San Francisco Recreation and Park Department and/or The Friends of the Sharon Art Studio, I hereby waive and release any claims I or my child may have, now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") and/or The Friends of the Sharon Art Studio and its officers, employees, and contractors (hereafter referred to collectively as "The Friends") arising from injuries to myself or my child or damages to me or my child's property, sustained while I am or my child is (1) at the City's and/or The Friends' facilities, (2) participating in the City's and/or The Friends' activities, or (3) being transported to or from the City's and/or The Friends' facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's and/or The Friends' active or passive negligence. The San Francisco Recreation and Park Department and The Friends of the Sharon Art Studio are neither certified nor licensed as a day care provider. In the event of an injury to myself or my child, I hereby give the City and The Friends permission to arrange transportation for me or my child to a hospital, and/or provide me or my child with Emergency treatment or first aid, although I understand that the City and The Friends do not assume any responsibility to take any of these actions. This waiver and release shall be valid for the duration of the sessions in which I am or my child is enrolled. I have carefully read this waiver and release and agree to the terms stated. I certify that I am the parent or legal guardian of the child listed on this statement.

I grant to Sharon Art Studio and FOSAS, its representatives and employees the right to take photographs of me/or my child and my/or my child's artwork. I authorize Sharon Art Studio and FOSAS, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Sharon Art Studio and FOSAS may use such photographs of me/or my child with or without my/or my child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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<b>SIGNATURE OF ADULT STUDENT OR PARENT/LEGAL GUARDIAN</b> _____	<b>DATE</b> _____
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