



Student Information		
Name:		Age:
		Gender:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Billing Information (skip if same as student)		
Full Name:		
Mailing Address:		Phone #:
City/State/Zip:		Email:
Class Selection		
Class	Day	Time
<p>By signing below I hereby enroll the above named student in the above class(es) and agree to paying for these classes as described. I further agree that any photos or videos taken can be used by or for publicity. I also agree to allow any contracted agents of the Art Haven LLC to acquire emergency medical care for the student, if needed, and agree to hold them harmless in case of any injury. I further agree to hold harmless the Art Haven LLC and any of its agents or contractors.</p>		
Student Signature:		Date:
(if minor) Parent/Guardian Signature:		Date:
Emergency Information (for minor only)		
Parents/Guardians Name(s):		Relationship:
Phone #:		
Emergency contact #2:		Relationship
Phone #:		
Any medical needs or conditions that could impact participation (including allergies). Y or N (if yes, please explain)		