

YOUTH REGISTRATION FORM

Name: _____ DOB: _____ Age: ___ Grade _____ Gender: _____
Name: _____ DOB: _____ Age: ___ Grade _____ Gender: _____
Name: _____ DOB: _____ Age: ___ Grade _____ Gender: _____

Address: _____ Home Phone: _____

Email Address (*please print*): _____

Parent Name: _____ Day Phone: _____ Cell Phone: _____

Parent Name: _____ Day Phone: _____ Cell Phone: _____

Person to contact in case of emergency (other than parent) Name: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

PLEASE LIST ANY PHYSICAL LIMITATIONS/RESTRICTIONS, MEDICATIONS AND SIDE EFFECTS, AND SPECIAL CONSIDERATIONS: _____

The Undersigned hereby releases and holds harmless Firehouse Arts at Winslow Station (FA) and its agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation in this program/event sponsored by Firehouse Arts. The undersigned further authorizes anyone working for FA to call for medical care for my child if, in the opinion of the class instructor working for FA, medical attention is needed. In addition, FA is given permission to use your child's photo in any FA promotional material such as brochures, flyers or video productions.

Parent Signature: _____ Date: _____

Child Name(s)	Program Name(s)	Fee
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type to enter text



Signature _____

TOTAL FEE _____

Credit Card # _____

Exp. Date: _____

Payment Rec'd. _____

Please make checks payable to Firehouse Arts

Please Mail or drop off checks with form to:

Firehouse Arts at Winslow Station,
20 Center Street, Yarmouth ME 04096

QUESTIONS? Contact us through our website: FirehouseArtsMe.com