



KINGSTON SCHOOL OF ART
 647a Princess Street, Kingston On K7L 1E4
 613-549-1528 ksoa@kingston.net
www.ksoa.info

For Office Use Receipt # _____ Paid By: Cash Cheq PayPal
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Children/Youth Registration Form

Class/Camp Title: _____

Dates: (Day/Time of first class) _____

Student's Name: _____ Age: _____ F__ M__

Parental Consent Form

Parents Name: _____
 (Name of the parent(s) responsible for getting the child to and from class)

Address: _____

City: _____ Prov: _____ PC: _____

Email: _____

Phone: _____ Cell: _____

Emergency Phone(s): _____

Check here if your child is allowed to walk home alone. (Note: students ages 12 and up will be allowed to leave alone after class/camp unless otherwise expressed by the parent)

Signature _____ Child's Signature _____

Allergies: _____ Health Card #: _____
 (Please remember to mention any allergies to the instructor on the first day)

Publicity: The Kingston School of Art reserves the right to photograph all classes and use the photos for publicity purposes. Should you object to the use of your child's photo being used please sign here: Do not take photographs of my child: _____

I the undersigned parent/guardian of the above named child do hereby consent to the child's participation in the above mentioned class/camp. I acknowledge that participation in this program, either on our premises or off site during field trips, *as may happen during summer art camps; e.g. lunch in the park, a swim at Memorial Park Pool, or any other such advertised activity that may also include transportation via parent or other volunteer's vehicle or bus,* involve the possibility of injury. I therefore release the Kingston School of Art, its teachers and volunteers from any claim of any kind whatsoever for damages, loss or injury which may occur as a result of my child's participation.

Print Name: _____

Signature: _____ Date: _____