



## Arts of Southern Kentucky Registration Form

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

WHICH CLASS(ES) ARE YOU SIGNING UP FOR?

\_\_\_\_\_

LIST ANY PREVIOUS EXPERIENCE (Pertinent to this class):

\_\_\_\_\_

### PAYMENT/REFUND INFORMATION:

Class registration fees can be paid by cash or check (payable to *Arts of Southern Kentucky*). These can be mailed to **Attn: ASK/Dillon Godolphin, PO Box 748, Bowling Green, KY 42102**, OR dropped off in person at SKyPAC.

Class registration deadline: **June 10, 2024**

I understand if I cancel my child's attendance at least one week prior to the registration deadline (June 3rd), ASK will issue a refund minus a \$15.00 cancellation fee. For any cancellation made after that date (June 3rd), **no refund will be given.**

TOTAL AMOUNT ENCLOSED: \$\_\_\_\_\_

PLEASE LIST ALL DATES YOU ARE NOT AVAILABLE TO ATTEND CLASS:

\_\_\_\_\_  
\_\_\_\_\_

*\*I understand that it is important to arrive and pick-up promptly.* \_\_\_\_\_ (Parent Initial)

(PLEASE TURN OVER)

Participant Information Form GENERAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

(Home/Work/Cell) Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

(Home/Work/Cell) Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

(Home/Work/Cell) Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

PARTICIPANT MEDICAL INFORMATION PLEASE INDICATE BELOW IF YOUR CHILD HAS ANY SPECIAL NEEDS OR REQUIREMENTS OF WHICH THE STAFF SHOULD BE AWARE: (ALLERGIES, MEDICATIONS, SPECIAL ASSISTANCE, ETC.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? Check all that apply.

- WBKO/TV       SAM FM/Radio       Email       SKyPAC Website  
 A Friend Told Me About It       Other: \_\_\_\_\_

PARENTAL CONSENT AND RELEASE I DO HEREBY GRANT PERMISSION FOR \_\_\_\_\_ (NAME OF CHILD) TO PARTICIPATE IN PROGRAMMING OF ARTS OF SOUTHERN KENTUCKY(ASK). I UNDERSTAND AND AGREE THAT NEITHER ASK, THE STAFF OF ASK, NOR THE OWNERS OF THE PREMISES FOR EACH AND ALL PROGRAMS AND FUNCTIONS SHALL BE HELD RESPONSIBLE OR LIABLE IN ANY INJURY OR OCCURRENCE REGARDING MY CHILD. I HEREBY RELEASE, HOLD HARMLESS AND FOREVER DISCHARGE THE ENTITIES LISTED IN THE PREVIOUS SENTENCE AND THEIR AGENTS FROM ANY AND ALL LIABILITY FOR ANY PERSONAL OR MEDICAL INJURY, CLAIMS INCURRED OR OCCURRENCE INCURRED WHILE OR ARISING AS A RESULT OF ATTENDING OR PARTICIPATING.

Signature Of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

IN CASE OF EMERGENCY, I GRANT MY PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT AS DEEMED APPROPRIATE BY THE STAFF OR AGENTS OF ASK ACCORDING TO THEIR BEST JUDGEMENT DURING MY ABSENCE OR IF I AM UNABLE TO BE CONTACTED.

Signature Of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### Photo Release Form

By signing below, I grant permission for Arts of Southern Kentucky to use photos from this program for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

(if under 18 years old) Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_