



## Registration and Release Form

CLASS NAME:	DAYS & TIMES OF CLASS:
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NAME OF STUDENT:		BIRTH DATE:	
STREET ADDRESS OF MINOR:		GRADE:	
CITY, STATE & ZIP OF MINOR:			

PARENT OR GUARDIAN NAME:	
PHONE:	
ADDRESS (IF DIFFERENT):	
EMAIL ADDRESS:	

### Emergency Contact

NAME:	PHONE:
ADDRESS:	RELATIONSHIP TO MINOR:

### Alternate people who may pick your child up from Melody Hues Studios:

NAME	PHONE #	RELATIONSHIP TO MINOR

As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

I hereby accept the condition of enrollment and give permission for my child to participate in classes at Melody Hues Studios. I agree to comply with all the program regulations and hereby remove Melody Hues Studios or other individuals involved from any and all liability for injury or damages incurred while involved in the program. Melody Hues Studios retains the rights to any photographs, audio or video recordings of the participants in the classes to be used for publicity or advertising.

This release form is completed and signed of my own free will.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_