



**Remix: Streetlife Workshop (Feb. – May. 06)
Intermediate - Advanced Studio Arts Program**

Registration Form

Student Name: _____ Date of Birth: _____

School _____

Parent/Guardian Name(s): _____

Address/City/Zip: _____

Phone (day): _____ Phone (evening): _____

Email address _____

Medical Emergency/Liability Waiver

I hereby give my permission for Juxtaposition Arts instructors to procure all necessary medical help for my child/ward while she/he is under the supervision of Juxtaposition Arts instructors and I grant permission to its representatives to authorize any competent medical person to do all things reasonably necessary to take care of any injury or sickness. There is no health insurance or medical coverage provided. The signing of this form acknowledges that I, the student's parent/guardian, accept responsibility for payment of any medical treatment which may be required while she/he is in this program.

I also understand that the student is participating in Juxtaposition Arts' program voluntarily and at her/his own risk. I will also not hold Juxtaposition Arts or any of the participating agencies, businesses or sponsoring organizations responsible for any negligence or alleged negligence (not including intentional acts) that result in personal injury or property damage during or in connection with any Juxtaposition Arts' program.

Field Trips

Field trips are an important part of Juxtaposition Arts' programs. All necessary arrangements, plans, and precautions will be taken for the care and supervision of the students during field trips. Your signature authorizes your child/ward to attend field trips that are developed as a part of this class.

Media Release

I hereby grant Juxtaposition Arts and its agents the right and permission to use my child/ward's reproduction of likeness and/or name for the purpose of publicizing the program through pamphlets, video, newspaper, periodicals, etc.

Parent/Guardian Signature: _____ Date: _____



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Student Emergency Information

Student's Name: _____

Name of Emergency Contact Person (other than parents): _____

Emergency contact person phone number: _____

Name of Physician: _____ Phone: _____

Name of Hospital: _____

Address of Hospital: _____

Does your child/ward have any allergies (including allergies to medications)? _____

Is a modified diet necessary?

Are any medical conditions or health problems present that could result in an emergency? _____

Other information helpful in caring for your child:

Parent/Guardian Signature: _____ Date: _____