

TODAY'S DATE _____

KENNEDY HEIGHTS ARTS CENTER REGISTRATION FORM

Send payment with completed form to: **Kennedy Heights Arts Center, 6546 Montgomery Road, Cincinnati, OH 45213**

Student Name _____ Parent/Guardian name _____

Age, Grade, & School (if applicable) _____

Phone (Home) _____ Phone (Work or Cell) _____

Address _____ Email _____

(No. & Street)

(City)

(Zip)

	CLASS NAME	COST
	TAX-DEDUCTIBLE CONTRIBUTION (OPTIONAL)	
	TOTAL	
	DATE PAID	

(CHECK MADE PAYABLE TO KENNEDY HEIGHTS ARTS CENTER) (MASTER CARD OR VISA ONLY)

CIRCLE: CASH | CHECK | CR. CARD NO. _____ EXP. DATE _____

SIGNATURE _____ PRINT NAME ON CARD _____

I would like to apply for a scholarship. My application is enclosed. Scholarship Applications are available at www.kennedyarts.org or call 631-4278.

I hereby release and hold harmless the Kennedy Heights Arts Center (KHAC) and its employees from any and all liability for any injuries, loss or other claims arising out of this program.

STUDENT SIGNATURE (OR PARENT/GUARDIAN IF STUDENT IS A MINOR): _____

DATE: _____

KENNEDY HEIGHTS ARTS CENTER STUDENT EMERGENCY INFORMATION AND RELEASE FORM

Photo Release (adults and children)

I, _____, parent/guardian of _____ hereby grant to Kennedy Heights Arts Center the right and license to use his/her name, image, likeness and comments in the Kennedy Heights Arts Center materials for internal and external audiences. These materials include but are not limited to advertisements, brochures, news released, magazine, newspapers, newsletters, videos and web sites.

Parent/Guardian Signature _____ Date _____

Print name of parent or guardian _____

Release/Permission Form (to be completed if student is under age 18)

Student Name _____ Date of Birth _____

In the event that serious injury should occur involving my child(ren), I wish for the Kennedy Heights Arts Center to take all appropriate steps to notify me, or the emergency contact listed below, immediately of the event, but if I am inaccessible for any reason, **I authorize whatever medical attention is deemed appropriate** for my child(ren). I agree to the terms of this consent.

Parent/Guardian Signature _____ Date _____

Print name of parent or guardian _____

Emergency Contact _____ Phone _____ Relationship _____

Emergency Contact _____ Phone _____ Relationship _____

Please list any medical conditions/allergies _____

In addition to the parents/guardian, the Kennedy Heights Arts Center is authorized to release my child(ren) at the end of class to the following persons.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I understand and agree that my child(ren) will not be released after class until picked up by me or any persons listed above. In the event of an emergency my child(ren) will not be released unless I speak directly to an authorized Kennedy Heights Arts Center staff member and give specific instructions.