

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. &amp; 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](http://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.