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| **Play On! Executive Arts, LLC Registration & Waiver** | |
| Executive Arts, LLC DBA PLay On! is unable to credit or refund fees for absences or withdrawals, unless the program is cancelled by Executive Arts. | |
| If your child is on an IEP, please provide us with a copy of the accommodations so we can best meet your child’s needs. | |
| Play On! Session (ex. Fall 17 @ Swigert): |  |
| Student First and Last Name: |  |
| Student Birthdate: |  |
| School student attends if different than above: |  |
| Parent/Guardian s Names: |  |
| Parent/Guardians Address Street 1: |  |
| Address Street 2: |  |
| City: |  |
| Zip Code: |  |
| DPS Lunch ID: |  |
| Home or Cell Phone: |  |
| Work Phone: |  |
| Emails for all guardians: |  |
| Emergency Contact Name: |  |
| Emergency Contact Phone: |  |
| Allergies or Medical Conditions:  Medications: |  |
| Doctor Name: |  |
| Doctor Phone: |  |
| Adults Authorized to sign student out: |  |

I give permission for Play On! to take and use photos of my child participating in class for promotional purposes.

I give permission for my child to have water-based face paint applied.

I give permission for Play On! to administer the following medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event my child has an allergic reaction. I agree to hold Play On! and its staff harmless for any complications arising from administration of above medications.

X

In the event of an emergency and I cannot be reached, I give permission for Play On! to secure medical treatment for my child.

X

I give permission for emergency personnel to treat the student named above. I accept responsibility for all medical expenses incurred.

X

I waive, release and discharge any and all rights and claims for damages against Executive Arts, LLC, DBA Play On! and its instructors arising or resulting from participation in class/camp. I attest and verify that I have full knowledge of the risks involved in this activity and I will assume those risks for the student registered above.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_