



**THE ARTS INSTITUTE OF MANSFIELD
FAMILY REGISTRATION FORM 2017-2018**

Last Name:

.....

Address.....

City-..... Zip-.....

Mother's Name-..... Home Phone-.....

Cell Phone-..... Work Phone-.....

Email-.....

Father's Name-..... Home Phone-.....

Cell Phone-..... Work Phone-.....

How did you hear about us?.....

Family Member #1:

First Name

Birthday-..... Age:..... Grade-..... School-.....

Medical Information: (allergies, ADD, Asthma, etc.).....

Male

Female

Class-.....



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Family Member #2:

First Name

Birthday-..... Age:..... Grade-..... School-.....

Medical Information: (allergies, ADD, Asthma, etc.).....

Male Female

Class-.....

Family Member #3:

First Name

Birthday-..... Age:..... Grade-..... School-.....

Medical Information: (allergies, ADD, Asthma, etc.).....

Male Female

Class-.....

CONSENT AND RELEASE

As either the adult student or the parent/legal guardian of student named above, I give my permission for his/her involvement in activities, productions on and off campus and events of AIM. I consent to the use of any video images, photographs, and audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during any class or event at AIM to be used, distributed, or shown as AIM sees fit.

Yes, I give my permission No, I do not give my permission
.....(Please initial)

I understand that all reasonable safety precautions will be taken at all times by AIM and its agents during events and classes. I understand the possibility of unforeseen hazards and know the inherent possibility or risk. I agree not to hold AIM and/or FUMC Mansfield, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent, Guardian or Adult Student Signature.....
Date-.....

I have received a copy of the Student Handbook and agree to adhere to its rules and regulations. (Please initial)

I understand that payment is due on the 1st and after the 10th I will be charged a \$25 late fee. (Please initial)