

SHARON ART STUDIO REGISTRATION FORM

CLASS CODE: _____

OFFICIAL USE ONLY: FOSAS Member? Yes

Student Name: _____ Hm Phone: _____

YOUTH ONLY: Birthday & Age

Address: _____ Wk Phone: _____

street address

city/state/zip

E-mail: _____

In case of emergency call: _____ Cubby or glass shelf #: _____

name relationship phone #

If student is under 18 years old, write name of parent/guardian: _____

CHECK #1 - CLASS FEE Students Fill Out Info:

class code	class title
class fee	check #
	check date

Make **Check #1- Class Fee** payable to either: (see brochure)

- **SFR&P** (San Francisco Recreation & Park Dept.) **OR**
- **FOSAS** (Friends of Sharon Art Studio)

CHECK #2 - OPERATION or MATERIAL FEE

Does NOT apply to all classes

oper or mat fee	check #	check date
Make Check #2-		
Fee payable to either: (see brochure)		
• FOSAS (Friends of Sharon Art Studio) OR		
• Class Instructor (see brochure listing)		

Write Class Code on memo line of all checks - Cash & Credit Cards not accepted.

DAY OF REGISTRATION: Use space below to list 1st, 2nd, 3rd choices of classes in case of class closures

1st choice: _____

2nd choice: _____

3rd choice: _____

WAIVER OF LIABILITY. As an adult student or the parent/guardian of a minor child (hereafter "my child") participating in activities of the City and County of San Francisco Recreation and Park Department and/or The Friends of the Sharon Art Studio, I hereby waive and release any claims I or my child may have, now or in the future, against the City and its officers, employees, contractors, servants and agents (hereafter referred to collectively as "the City") and/or The Friends of the Sharon Art Studio and its officers, employees, and contractors (hereafter referred to collectively as "The Friends") arising from injuries to myself or my child or damages to my or my child's property, sustained while I am or my child is (1) at the City's and/or The Friends' facilities, (2) participating in the City's and/or The Friends' activities, or (3) being transported to or from the City's and/or The Friends' facilities or activities, regardless of whether such injuries or property damage is caused in whole or in part by the City's and/or The Friends' active or passive negligence. The San Francisco Recreation and Park Department and The Friends of the Sharon Art Studio are neither certified nor licensed as a day care provider.

In the event of an injury to myself or my child, I hereby give the City and The Friends permission to arrange transportation for me or my child to a hospital, and/or provide me or my child with Emergency treatment or first aid, although I understand that the City and The Friends do not assume any responsibility to take any of these actions.

This waiver and release shall be valid for the duration of the sessions in which I am or my child is enrolled. I have carefully read this waiver and release and agree to the terms stated. I certify that I am the parent or legal guardian of the child whose name is listed on the reverse side of this statement.

signature of student or parent/legal guardian

date