

PLEASE COMPLETE AND RETURN THE FOLLOWING INFORMATION

Please Make Cheques Payable to Art Adventures Studio Inc.

CHILDREN AND ADULTS

Name: _____ Date of birth _____

Which Class do You Wish to Reserve? _____

Address: _____ City: _____

Postal Code: _____

Home Phone: _____ Cell Phone(s): _____

CHILDREN ONLY

Age: _____ Name of Parent/Guardian: _____

Emergency Contact and Phone: _____

Health Card Number: _____ **email address** _____

Allergies: _____

If in the event of an emergency, we are unable to reach you or your emergency contact, do you authorize hospital staff to provide emergency medical treatment on your child? Yes: _____ No: _____

I hereby release Art Adventures Studio Inc from all claims for damages arising from any accident or injury which is caused by or arises from participation of the applicant during any program.

Signature

Date

Art Adventures Studio ~ 301 Kenilworth Ave, Toronto, ON M4L 3S9 ~ 416 – 831 – 6819

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