

REGISTRATION FORM

ArtzPlace Oklahoma

1730 Center Drive, MWC, OK 73110 Mail to: PO Box 40005 MWC 73140
Telephone (405) 732-4ART www.artzplaceok.com

Student's Name: Last _____ First _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone: Home (____) _____ - _____

Male ___ Female ___ Have you taken courses with us before? ___ Yes ___ No

(If under 18)

Student's Birthdate _____

Parent's Name(s) _____

Business or Cell (____) _____ - _____

PHOTO CONSENT:

I give ArtzPlace Oklahoma my consent to use photos taken for use in publicity and marketing materials.

Yes _____ No _____

Signature of student (or adult guardian if under 18)

HEALTH INFORMATION:

This student has a health condition which may be a factor in his/her participation.

Yes _____ No _____

If yes, please provide detailed information for our records and sign below.

I release ArtzPlace Oklahoma, Inc., its employees and its staff, from all responsibility for complications that occur as a result of the aforementioned health condition(s) during activities conducted at, or in connection with, ArtzPlace Oklahoma, Inc.

Signature of student (or adult guardian if under 18)

Where did you hear about ArtzPlace Oklahoma? (Check all that apply)

___ ArtzPlace Brochure ___ Metro Family ___ Oklahoma Gazette ___ Kids Count ___ Radio

___ Television ___ Website ___ Friend ___ Other (explain) _____