

Muzart's Drop Off and Date Nite Registration Form

Child's Information:

Child's Name: _____

Age: _____

Parents Name: _____

Address: _____

_____ Home Number: _____

Email Address: _____ Cell Number: _____

Emergency Contact: _____

Food Allergies? _____ If so please explain: _____

Parent's Security Code: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Date: _____ Signature: _____

Re: Liability

Individuals participating in creative camp, movement/art/music, are participating at their own risk. In the event there is an injury, The Muzart Konnection, LLC or anyone associated with the program will not be held liable. By signing this waiver, you state that you have read and agree to the above statement.

Date: _____

Signature _____

For office use only:

Deposit:

Via:

Balance: