

Twin Flames Creative Space Registration Form

Student Name: _____ Age: _____ Birthdate: _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____

2: _____

3: _____

Medical Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem and Required treatment</u>	<u>Should a paramedic be called?</u>
_____	Yes/No
_____	Yes/No
_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

In case of medical emergency contact:

	Name	Phone Number
Doctor		
Dentist		

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Twin Flames will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about Twin Flames Creative Space

Website School Flyer Social Media Other Friend- Who should we Thank? _____

Terms of Agreement

Photograph and Video Release

I hereby give permission for my child to be photographed and/or video recorded during Twin Flame Creative Space classes. I understand the photos/videos may be used online, shared with our donors, or for promotional purposes including, but not limited to: flyers, brochures, newspaper and online. I understand that although my child's photograph/video may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos/videos are the property of Twin Flames Creative Space.

Parent's/Guardian's Initials _____

Twin Flames Creative Space is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos, videos, and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

What Classes are you signing up for?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Is there anything else you would like to tell us about your child that would be helpful for us to know?

Thank you for entrusting us with your precious babies, we are SO excited to help inspire them!!
If there is anything else we can do for you, please don't hesitate to let us know!