

Student Registration

Student: _____ Gender: _____ Birthday & Age: _____

Address: _____

City: _____ Zip: _____

Parent/Guardian (Primary Contact): _____

Address: _____ Home Ph: _____

City/State/Zip: _____ Cell Ph: _____

Email: _____

Parent/Guardian (Secondary Contact): _____

Address: _____ Home Ph: _____

City/State/Zip: _____ Cell Ph: _____

Email: _____

Emergency Contact (other than Parent/Guardian):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contact Information:

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Allergies: _____

Medication(s): _____

Special Dietary Requirements (if any) _____

Other Concerns/Restrictions: _____

Preferred Class Date & Time: _____ **2nd Option:** _____

Please tell us how you heard of us: _____

The following individuals have the authority to drop off/pick up my child:

Name: _____ Name: _____

Name: _____ Name: _____

I, the undersigned, as the parent or legal guardian of the child listed on this application, in consideration of allowing my child to participate in the jewelry making classes ("Activity") by Dragonfly Designs Jewelry With a Conscience, LLC ("Dragonfly Designs"), give permission for my child to participate in the Activity and hereby assume full responsibility for all risk of injury or loss which may result from my child's participation in the Activity, and hereby agree to hold harmless, release and forever discharge Dragonfly Designs, its owners, directors, officers, agents, and employees from any and all claims and demands whatsoever which the undersigned or any third party may have against said officers, agents, or any person acting under its behalf, by reason of any accident, illness, injury, or death, or damage to, or loss of, or destruction of property (collectively, "Harm") arising or resulting directly or indirectly from my child's participation in the Activity, even if caused by the negligence of Dragonfly Designs, its owners, directors, officers, agents or employees.

I understand, agree and acknowledge that some aspects of the Activity may be of a hazardous nature and/or include the possibility of swallowing beads. A safety talk about proper handling of the beads will be given prior to beginning the beading activity. Understanding this, I state to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental, or emotional health conditions that would hinder his/her safe participation in the Activity and is sufficiently mature to safely participate in the Activity.

I have read this document in its entirety and I freely and voluntarily assume all risks of Harm, and notwithstanding such risks, I agree to allow my child to participate in the Activity. By signing this form, I further agree to be added to the Dragonfly Designs mailing list for future promotional opportunities.

I do not wish to be on the Dragonfly Designs mailing list. Initials: _____

By signing below I verify that I have received, read & understand the class policies.

Parent/Guardian: _____ Date: _____

During class, your child's picture may be taken for use in a variety of publications including our website. By signing below you are giving full consent, without limitations or reservations to Dragonfly Designs, jewelry with a conscience to publish any photos in which your child appears while enrolled in any Dragonfly Designs programs. If you do not wish to consent to a photographic release please state so below.

Approval to use my child's photos: _____

Please do not use my child's photo: _____