



Artist @ Heart

Registration Form

Class Date & Time

Name: _____

Parent name: _____

Address _____

City _____ Zip Code _____

Home phone: _____ Cell: _____

Emergency Contact: _____

Home phone: _____ Cell: _____

Email address: _____

Payment Information:

Card number: _____ Exp. _____ CCV _____

Paid by: Check Mastercard Visa Discover Cash

Cancellation Policy: All cancellations must be made 14 days prior to class beginning. A 10% administrative fee will be deducted from the credit amount or full credit towards a class. Artist @ Heart reserves the right to change class dates and times; a full refund will be given if a revision conflicts with a student's schedule.

Waiver or Liability Form: "I/WE agree to indemnify and hold harmless Artist @ Heart, its instructors, employees, officers from any and all claims for physical or property loss, damage, injury or death from any cause whatsoever arising out of or in any way connected to an Artist @ Heart program, instruction, or any use of the Artist @ Heart facility.

_____ Date: _____
Participant or guardian signature (required)