

## REGISTRATION FORM

Send completed registration form to **Inland NW Drawing School**, P.O. Box 8513, Spokane, WA 99203. One form per student should be used. **(509) 230-1880**

Student's Name \_\_\_\_\_

Birthday/Age \_\_\_\_\_

Class name \_\_\_\_\_

Class Day/Time \_\_\_\_\_

Class Location \_\_\_\_\_

Start Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Medical Concerns \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### ***Check the statements below & sign***

My child and/or I agree to participate in the program & hereby release the Inland NW Drawing School & its staff, & Spokane Art Supply, Inc. & its staff from liability for any injury my child or I may suffer as a result of participation.

I give the Inland NW Drawing School staff permission to see that my minor child receives medical treatment in an emergency.

I agree that nameless photos & artwork of my child or myself may be used by the Inland NW Drawing School.

I have read & agree to all school policies & procedures.

***Signature*** \_\_\_\_\_ ***date*** \_\_\_\_\_

### ***Payment Options - Choose one:***

#### ***Credit Card - automatic monthly withdrawal***

Card Type:    Visa    Mastercard

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Expires \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***date*** \_\_\_\_\_

#### ***Check - must pay 3 months at a time***

Amount enclosed \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***date*** \_\_\_\_\_