



2635 Old Okeechobee Rd.
West Palm Beach, FL 33409
Ph: 954-600-5330

E-Mail: info@azulfashionartdesign.org
www.azulfashionartdesign.org

PROGRAM REGISTRATION FORM

Program Location _____ Date _____

Creative

Participant: Last Name _____ First Name _____

Date of Birth _____ Age _____ Female / Male
SHIRT SIZE (dress shirt/blouse) _____
PANTS SIZE (NUMBERS) _____
(NOT S,M,L,XL,...)

Address: _____

(Street)

City _____ State _____ Zip Code _____

E-Mail _____

Parent / Guardian's Name _____

Relation to Creative Participant _____

E-Mail _____ Cell phone _____

Address if different from participant _____

Are there any other activities or organizations the Creative participates and/or takes part in?

MEDICAL INFORMATION - Please list any chronic health concerns, allergies / food restrictions that we need to be aware of for the Creative (seizures, any sensitive condition, preference on managing behaviors):

Initial and sign below

_____ **LIABILITY WAIVER:** I realize that any program, which involves handling different supplies can result in physical injury. I release AZUL FASHION, ART & DESIGN, INC., its owners, instructors and staff from all liability for injury to my relative (Creative Participant) from participation in this program. I permit my relative / ward to participate.

_____ **PROGRAM CHANGES:** AZUL FASHION, ART & DESIGN, INC., reserves the right to make changes in programs, schedules, instructors, and to cancel classes due to extreme circumstances. AZUL also reserves the right to refuse and or cancel the registration of a disruptive or very ill Creative Participant..

_____ **PHOTO WAIVER:** I hereby give permission for images of the Creative Participant captured during any activities through video, photo and digital camera to be used solely for the purposes of AZUL FASHION, ART & DESIGN, INC. promotional material and publications, and waive any rights of compensation or ownership thereto.

(Parent / Guardian) Date
Signature

(Creative Participant) Date
Signature