

VERGE CENTER FOR THE ARTS  
REGISTRATION FORM

*Participant Information*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

Verge Member Y / N      Age of Participant \_\_\_\_\_ Grade of Participant \_\_\_\_\_

Class Name/Date \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Health Considerations \_\_\_\_\_

*Emergency Contact Information*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

*Demographic Information*

The following information will be used to better understand our audience and improve our educational programming. Please mark all that apply.

Gender:      \_\_\_\_\_ Male      \_\_\_\_\_ Female

Ethnicity:      \_\_\_\_\_ White      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Native American

\_\_\_\_\_ Asian      \_\_\_\_\_ African American      \_\_\_\_\_ Other (please state)

(over)

**Photo Release Form for Minors (if under 18)**

Verge Center for the Arts has my permission to use my or my child’s photograph publicly to promote the Center. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Verge Center for the Arts reserves the right to change, withdraw, or modify a class at any time. Verge Center for the Arts also reserves the right to withdraw any participant whose conduct is deemed detrimental. Verge Center for the Arts staff or Board of Directors cannot be held liable for personal injury or loss, theft, or damage of personal property. A signature on this registration form implies understanding of all policies noted within this document.

**Hold Harmless Agreement:** In consideration of being permitted to participate in Verge Center for the Arts programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance Verge Center for the Arts, its officers, employees, and agents from any and all liability for personal injury. I also assume full responsibility for my or the minor child registered under my signature’s behavior and agree to pay for all damages to property or person causes by the aforementioned. If a participants’ behavior interferes with the program, I understand that expulsion from the program is a possible consequence.

**Permission for Medical Treatment:** In case of an accident or injury, I authorize a staff member of Verge Center for the Arts to call 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well-being of myself or the minor child registered under my signature mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of myself or the minor child registered under my signature at my expense.

**I have read and understand all registration requirements and policies.**

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_