

Art Education Registration Form

Mailing Address: 1410 Bluestone Dr. Missouri City, TX 77459		Instructor: Kathy Love Phone: 713-252-1450 Email: Kathy@ArtClasses4U.com Web Address: www.ArtClasses4U.com	
Date:		Class Day and Time:	
Student Information			
Last Name:		First Name:	
Address:			DOB:
City:			M/F:
State:		Zipcode:	
Home Phone:		Cell Phone:	
Work Phone:		Other:	
Email Address:			
Emergency Contact Name & Phone:			
If registering a minor, please fill out the section below			
Parent/Guardian Name:		Guardian Phone:	
Special Instructions:			
Liability and Medical Release: I hereby release Kathy Love, Artists' Alliance, it's employees, and sponsors of all liability in the event of accident or injury. I also consent to emergency medical or hospital service that may be rendered at designated hospitals by appointed physicians in the event such need arises in the opinion of a duly licensed physician. The parent or guardian, by signing below, does hereby agree to indemnify and hold harmless Kathy Love, Artists' Alliance, and its representatives and the sponsoring entity from any liability that may occur to the entrant.			
Signature:			

CLASS LOCATIONS:

Artists' Alliance of Sugar Land
 104 Industrial Blvd., Ste Q
 Sugar Land, TX 77478