

Seeds Studio Class Registration Form

1544 Post Road Wells, ME 04090 • 207-651-7028

Student NAME: _____

Parent Names: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Work Phones: _____

Cell Phones: _____

Emergency Contact: Name: _____

Relationship: _____ Phone _____

(Please put down the email address you would like notices and cancellations and other information sent to.)

Email Address: _____

CANCELLATION POLICY: Program cancellations will be emailed. If you do not have email you must contact seeds studio for cancellation information. In the event of an instructor cancellation, a make up class will be added at the instructors convenience. Classes hosted at Seeds Studio through the Wells Recreation Department and Wells Adult Education program will follow and adhere to the rules, procedures and policies of those programs.

Please list any medical conditions, physical limitations, or restrictions on students: _____

CLASS INFORMATION: (Please Print Clearly)

Class Name _____

Student Name _____

Grade _____ **Age** _____ **M/F** _____

Fee _____ **Total Due** _____

I (we) hereby recognize that I (we) understand the risk involved in the programs at Seeds Studio and release Seeds Studio, it's agents and employees from any and all civil liability of any nature arising out of the activity, attendance, or involvement of my (our) children in activities sponsored by Seeds Studio it's agents, and employees.

**By signing this form I give my (child) _____
the participant permission to attend classes held at Seeds Studio.**

Signed _____ **Date** _____