



# ARTbarn Registration Form

Please mail this completed form with the class fee to FACT at P.O. Box 22363, Santa Fe, NM 87502, or drop by the ARTbarn at 1516 Pacheco St. We accept cash, checks, and Visa/Mastercard. Make checks payable to FACT. Fill out one form for EACH student. Call us at (505) 992-2787 for more information.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Student Allergies: \_\_\_\_\_  
Name of Class: \_\_\_\_\_ Class Fee: \_\_\_\_\_  
Amount enclosed: \_\_\_\_\_ Are you applying for scholarship? \_\_\_\_\_

## Permission

I give permission for my child, \_\_\_\_\_, to attend and participate in this Fine Arts for Children & Teens, Inc. class. I, the undersigned, understand that FACT, Inc. is not responsible for accidents or injuries to participants in the program, including field trips in the FACT, Inc. van, and agree to hold FACT, Inc. harmless for such accidents or injuries.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Authorization for Medical Services

In the unlikely event of an accident requiring emergency care, FACT, Inc., will make every reasonable effort to contact you before medical services are given to your child. If we are unable to contact you, the FACT, Inc., instructor will consent to such services for your child on your behalf based on your written authorization below.

I have read the above and hereby designate the FACT, Inc., instructor to act on my behalf in the event of a medical emergency by authorizing hospitalization, medical attention, and/or surgery as may be required. I assume financial responsibility and hold FACT, Inc., harmless for any medical services provided.

List medications(s) student is taking: \_\_\_\_\_  
\_\_\_\_\_

Preferred doctor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Limited or No Medical Services Authorized

If participation in a FACT-sponsored activity is permitted but medical services are not authorized, please attach a written statement of procedures to be followed if your child is injured or becomes ill during the activity.

P.O. Box 22363 Santa Fe NM 87502 Phone (505) 992-2787 Fax (505) 992-2772 E-mail [info@factsantafe.org](mailto:info@factsantafe.org)