

FUSION ARTZ CAFÉ
CAMP APPLICATION FORM

Family Name.

First Name. _____ Last Name. _____

or

Guardian.

First Name. _____ Last name. _____

Home Phone. _____ Cel. #. _____

Email. _____

Home Address. _____

City. _____ Postal Code _____

Participant

First Name. _____ Last Name. _____

Age. _____ Gender. _____ School _____

Special Needs. _____

Allergies. _____

Emergency Contact. _____ Phone Number. _____

Release of Liability & Medical Emergency

Release of Liability

As the legal parent or guardian, I release and hold harmless to the business doing business as Fusion Artz Cafe its owners, operators a from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Fusion Artz Cafe Studio Professionals, its owners and operators or in route to or from any of said premises.

Medical Emergency

The undersigned gives permission to the business doing business as Fusion Artz Cafe, its owners, operators from any and all liability to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

Signature _____ **Relationship.** _____ **Date.** _____

Credit card # _____ **EXP Date** _____ / _____ **CVS** _____