



CHOPLET Ceramic Studio and Gallery

Registration Form Summer 2022 Clay Camp

238 Grand Street, Brooklyn, NY 11211

917.547.8316

choplet.ceramics@gmail.com

Student's name _____ **Gender** _____ **DOB** _____

Child's School _____ **Grade Level** _____

Medical conditions and Allergies _____

Parent/Guardian name _____

Address _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Parent/Guardian name #2 _____

Address _____

E-mail _____

Phones: Cell _____ **Work** _____ **Home** _____

Emergency Contact name _____ **Phone** _____

Physician _____ **Phone** _____

Alternative Authorized Person to pick up the child:

Name _____

E-mail _____

Phones: Cell _____ Work _____ Home _____

Name _____

E-mail _____

Phones: Cell _____ Work _____ Home _____

I, _____, he parent and or guardian of _____ minor,
authorize my child to go home on their own.

___ YES ___ NO

Parent/ Guardian Signature

Date

Release of Liability and Consent form

I, _____, the parent and or guardian of _____ minor, knowing the risks involved in ceramics, including wheel throwing, hand building with tools, voluntarily sign this waiver and assumption of risk in favor of Choplet Design sur Grand (the Company) for the opportunity to have my child pursue the creation of ceramic art and/or to receive instruction from the Company's employees and/or contractors. I waive and release the Company, its employees and its contractors from any claim for personal injury, property damage that may arise from my use of the facilities or from my child's participation in the activities or instruction. In the event the child named above is injured or ill, I understand that Choplet Studio will attempt to contact me, the other parent, or the legal guardian associated with this registration. In the event that I or the others listed on my child's registration are not available or that the emergency is such that EMS must be contacted first, I give my permission for Choplet Ceramic Studio's staff to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest medical facility. I agree to pay all fees and costs arising from the action to obtain medical treatment. I also give permission for attending physician(s) or other medical personnel to administer any needed medical treatment, including surgery and I agree to pay for the medical treatment.

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the dangers involved.

I fully assume the risks involved as acceptable to me and my child has the ability to exercise judgment in undertaking these activities and follow all safety instructions. I authorize Choplet Studio to photograph or film myself and/or my child without compensation, as well as the ceramic work produced, for the use in the studio's promotional efforts.

I have read and accept the policies of Choplet studio and the social distancing and hygiene guidelines that will be implemented for the full duration of the classes. I further understand and accept that if my child cannot follow instructions within these guidelines, I will be contacted to pick them up. I understand that Choplet Studio reserves the right to cancel a class as a result of insufficient enrollment. I am aware that a \$100 non-refundable deposit is required to register and hold a spot in a class and that the balance will be refunded to me oif I provide the cancellation in writing, no later than 7 days prior the first day of class. No refunds available is available thereafter. In the event the after school session has to be interrupted under the directive of CDC guidelines, I understand that Choplet will convert from in person to online instruction and I will not receive a refund or a credit.

Parent/ Guardian Signature

Date