



NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 CLASS \_\_\_\_\_ DAY & TIME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(IF STUDENT IS UNDER 18)  
 CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Registration Form**

TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_  
(IF STUDENT IS UNDER 18)

I LEARNED ABOUT THE ART ACADEMY FROM \_\_\_\_\_

**PHOTOGRAPHIC RELEASE**

I, \_\_\_\_\_ (YOUR NAME)  give permission,  do not give permission for Lyn Norton of *Blessings Art Academy* to take the photo(s) of,

\_\_\_\_\_  
(STUDENT'S NAME)  
 holding their art work to be used in the following ways promoting Lyn Norton as an art teacher and *Blessings Art Academy*:

PLEASE INITIAL IN EVERY SECTION BELOW THAT IS APPLICABLE. THEN SIGN BELOW AS AN ADULT, FOR YOUR OWN PHOTO, OR AS A PARENT OR GUARDIAN GIVING PERMISSION FOR THE USE OF A CHILD'S PHOTO(S) TO WHOM YOU HAVE LEGAL GUARDIANSHIP.

- \_\_\_\_\_ I agree to allow the photo(s) to be used in the companies' student art collection book.
- \_\_\_\_\_ I agree to allow the photo(s) to be used to decorate the art studio.
- \_\_\_\_\_ I agree to allow the photo(s) to be used in printed studio advertising.
- \_\_\_\_\_ I agree to allow the photo(s) to be used on temporary signs and posters.
- \_\_\_\_\_ I agree to allow the photo(s) to be used on the *Blessings Art Academy* website.

Please use the student's

- first name only,
- first and last name,
- do not use the student's name at all.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

You may return the completed registration by Fax #972 217-1008 or Email the information (with or without the actual form) to: [lyn@blessings-art.com](mailto:lyn@blessings-art.com)