

# Sparks!! Fall Class Registration Form

\_\_\_\_\_  
Child's Name Grade entering as of Sept 08

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

(\_\_\_\_\_) \_\_\_\_\_  
Primary Phone #

(\_\_\_\_\_) \_\_\_\_\_  
2nd Phone #, optional

\_\_\_\_\_  
Parents' Names

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact Name

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Phone Number

Name of Art Class: \_\_\_\_\_

Hold Harmless Agreement/Photo Release:

I, \_\_\_\_\_ (name of individual or parent/guardian of minor), give my permission for \_\_\_\_\_ (name of child, if minor) to participate in Spark's, Inc.'s Programs. I release and forever hold the following harmless of myself, my heirs, executors and administrators from all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, arising or resulting from, or incident to, my child's participation: Sparks, Inc., Enter Stage Left Theater, inc., The Town of Hopkinton, MA.

I have read and understand the foregoing Waiver and Agreements.

\_\_\_\_\_  
Signature of Individual or Parent/Guardian

\_\_\_\_\_  
Date

Please enclose a \$50 deposit per child.  
Balance is due on the first day of class.

Mail form and Payment to:

Sparks  
30 Main Street  
Hopkinton, MA 01748  
(508) 435-2114

\*\*\*\*\*

OFFICE USE

Date Rec'd \_\_\_\_\_

Check# \_\_\_\_\_

Amount \_\_\_\_\_

Bal. Due \_\_\_\_\_