



Arts and Wisdom Kids Registration Form

Dying to Live

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Medications: _____

Allergies: _____

Medical Conditions: _____

Any Special Needs: _____

Physician/Pediatrician: _____ Phone _____

Emergency Contact: _____ Phone: _____

Hobbies or Special Interests: _____

_____ I would like to my child to participate in the
Arts and Wisdom Kids session with Chyna Grace Wu, MA.

Agreement and Release and Waiver of Liability:

In consideration of my son's/daughter's participation in Arts and Wisdom activities and special programs as parent or guardian of named minor, my heirs, executor, administrators and assigns, waiver, release and discharge any all rights and claims of damages against Chyna Grace Wu, and or its sponsors for all claims arising or resulting from participation and/or being involved in the programs or activities. I attest and verify that I have full knowledge of the risks involved in said participation and that I will on behalf of the said member assume and pay any medical or emergency expenses in the event of accident, illness or other incapacity regardless of weather I have authorized such expenses. I attest that my son/daughter is physically fit and sufficiently able to participate in the programs or activities of Wisdom Youth Meeting in conjunction with other youth members.

I acknowledge and consent that Arts and Wisdom Kids' Meeting may utilize photographers of the member taken during involvement in the program and I consent to such & hereby waive all rights to compensation.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date