



Registration Form

please print clearly

Parent/Guardian Last Name First Name

Home Address City State Zip

Home Phone Work Phone Cell Phone Email

If your child is under the age of 18, please fill out the parent information above and then register your child(ren) in the space provided below. All forms must be completed in full in order to be processed.

Child's Name	Date of Birth	Course Code	Day & Time	Cost
TOTAL				

Payment Method: Cash ___ Check ___ Check No. _____

Please Note: Registrations cannot be processed without payment.
 Once a course has begun there are no refunds for withdrawals or missed classes. A refund will be made in the event of Pixel Art Studio canceling a class.

Please mail or fax your completed registration to:
 Pixel Art Studio, 15732 Los Gatos Blvd. #200,
 Los Gatos, CA, 95032
 Checks should be made payable to:
Studio Moraine

PLEASE NOTE: It is the responsibility of every parent or legal guardian to provide accident and health coverage for their child while their child is attending any Pixel Art Studio courses. Pixel Art Studio does not provide any accident or health coverage for its students or their families.

Pixel Art Studio does not accept any responsibility for students except when they are under the supervision of an appropriate employee. Parents/guardians will be responsible for notifying staff of a child's absence, late arrival, early or late pick-up and any other special circumstances. Pixel Art Studio may use photographs, videos and class work for publicity purposes.

Parent/Guardian Consent and Release

As the student's parent/legal guardian, I hereby give consent for Pixel Art Studio to provide all emergency medical/dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my dependant under whatever conditions are necessary to preserve life, limb, or well-being. By registering in Pixel Art Studio courses, I agree to assume the risk of such activities and programs and further agree to release and hold harmless Pixel Art Studio and its staff members from any and all claims, suits, losses or related injuries or death, accidental or otherwise, during or arising in any way from the Pixel Art Studio courses. I acknowledge and agree that this general release of liability of Pixel Art Studio is binding upon me personally as well as in my capacity as the parent/guardian of my dependant and on my heirs, personal representatives, successors and assigns.

In consideration of participation in these courses, I hereby indemnify and hold harmless and release Pixel Art Studio, its agents, its employees, volunteers and its parents from any and all liability for injury suffered by myself or my dependant arising from or connected with these courses. I assume all risk for any injuries.

I have read and agree to the special considerations noted above.

Parent/Guardian Name (Print) Signature Date