

SEW TEACH ME™

Student Registration for Minor Children

Date of application: _____

Student Name: _____ Age: _____
(Please Print)

Address: _____ Phone: _____

Parent/Legal Guardian: _____
(Please Print)

Email Address: _____

Preferred method of Communication (circle one): Telephone Text Email

Days and times student is available within the next 2 to 3 months—please choose a day and a time as a first preference and a second preference:

- | | | | | | | | |
|----------|---------|-------|-----|-----|-----|-----------|-----|
| 1. _____ | Days → | Mon | Tue | Wed | Thu | Fri | Sat |
| 2. _____ | Times → | 10–12 | | 1–3 | | 3:30–5:30 | |

Name of a friend or a relative who would like to take a class with me (optional):

I give my permission for _____ to take
(Student Name—Please Print)
sewing/quilting lessons.

I agree to:

- Drop off my child promptly for class
- Pick up my child promptly when class is finished (or call mentor in case of an emergency)
- Call the mentor if my child will be absent for a session

Assumption of Risk: I understand that the instruction provided by SEW TEACH ME™ may include activities that may be hazardous to my child, including, but not limited to, use of scissors, rotary cutters, irons and electric sewing machines. I agree to hold SEW TEACH ME™, its Directors and Mentors harmless from claims or negligence, liability or expense of medical treatment for any injuries my child receives while participating in this program. I agree to allow SEW TEACH ME™ to share my telephone and email information with my child's mentor, for the purpose of communication.

Parent/Guardian Signature: _____ Date: _____
Parents must return a signed original form before a match can be made.