

SEW TEACH ME™

Student Registration for Children

Date of application: _____

Student Name: _____
(Please Print)

Age: _____

Address: _____

Phone: _____

Parent/Legal Guardian: _____
(Please Print)

Email Address: _____

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

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.

Please return filled in form to: **Quilt Basket** 20225 Badger Rd, Bend OR 97702