

Adult Registration Form

Jackson School of the Arts

Date _____

Name: _____

(If under 18) Age _____

Class(es) (name, date, time) 1. _____

2. _____

Class Fee: \$ _____ (due at time of registration)

Address: _____ City _____

Zip _____

Phone number: day _____ Cell _____

Email address: _____

Emergency contact: Name _____ Phone _____

How did you hear about Jackson School of the Arts? Friend newspaper radio
flyer around town other _____

Have you used the Jackson School of the Arts website? Yes No

Photo/Video release form

I hereby give permission for images of myself, captured during regular and special Jackson School of the Arts activities through video, photo and digital camera to be used solely for the purposes of Jackson School of the Arts promotional material and publications, and waive any rights of compensation or ownership thereto. **Yes** **No**

Signature: _____