

Registration Information
Creative Spark Center for the Arts

Participant _____ age _____ or adult ____

Address _____ City _____ Zip _____

Phone: Home _____ Cell _____ Other _____

Parent's Names: _____

Email Address: _____

Amount Paid \$ _____ Check Visa Master Card Discover Card

Card Number _____ Expiration date _____ 3 digit code: _____

Waiver For Participant: In consideration of your accepting my entry, I herby, for myself, my child, my heirs, executors and administrators, waiver and release any rights and claims for damages I or my child may have against Creative Spark and its representatives, successors and assigns for any and all injuries.

Parent's or Guardian's Signature _____ Date _____

Registration Information
Creative Spark Center for the Arts

Participant _____ age _____ or adult ____

Address _____ City _____ Zip _____

Phone: Home _____ Cell _____ Other _____

Parent's Names: _____

Email Address: _____

Amount Paid \$ _____ Check Visa Master Card Discover Card

Card Number _____ Expiration date _____ 3 digit code: _____

Waiver For Participant: In consideration of your accepting my entry, I herby, for myself, my child, my heirs, executors and administrators, waiver and release any rights and claims for damages I or my child may have against Creative Spark and its representatives, successors and assigns for any and all injuries.

Parent's or Guardian's Signature _____ Date _____