



REGISTRATION

- Please complete all sections of this form. Be sure to specify the Workshop Name and dates.
- We must have a completed registration form prior to participation.
- Please enclose a check, Credit Card info or money order when mailing in the registration form.
- All Workshops will be filled on a first come basis.
- If you/your child have a one on one aide in school, we recommend being accompanied by an aide at our Workshops. A parent, sibling or friend make great aides for our Workshops.
- Most participants will be able to safely and successfully participate in our Workshops. If you have questions about participation, please call us.

PERSONAL INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: DAY () _____ EVENING() _____
 E-Mail _____ Fax _____

OPTIONAL INFORMATION

As a non-profit organization we are sometimes asked from grant agencies and donors for the following information about the youth and adults that we serve. Your response is voluntary and will not effect participation in any Upstream Arts workshops.

What is your child's Ethnicity/Race: *(Please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian American/Asian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Caucasian/White (not of Hispanic origin) | <input type="checkbox"/> Native American/Native Alaskan |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Latino/Hispanic (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish origin) |

CONFIDENTIAL HEALTH INFORMATION

Please answer all questions thoroughly

Upstream Arts serves youth and adults of all abilities. We ask the following confidential questions to gain a better understanding of the individuals we are serving.

Date of Birth _____ Male Female Weight _____ Height _____

Do you or your child have any sensory, physical, cognitive or emotional disabilities? Yes No
 If yes, list them and state how they affect your child. _____

Do you or your child use assistive devices? Yes No
 If yes, please list them: _____

Do you or your child have any food or medication allergies or dietary restrictions? Yes No
 If yes, please list them: _____

CONFIDENTIAL EMERGENCY INFORMATION

Emergency Contact #1

Name: _____
Relationship to participant: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: DAY () _____ EVENING() _____
E-Mail _____ Fax _____

Emergency Contact #2

Name: _____
Relationship to participant: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: DAY () _____ EVENING() _____
E-Mail _____ Fax _____

WORKSHOP DATES

Workshop Date(s): _____ Location: _____ Cost: _____
 Workshop Date(s): _____ Location: _____ Cost: _____
 Workshop Date(s): _____ Location: _____ Cost: _____

TOTAL AMOUNT: _____

METHOD OF PAYMENT

Check Money Order
 Waiver Services Scholarship Scholarship Amount: \$ _____
 Credit Card: Visa MC #: _____ Exp. Date: _____

Please make checks payable to Upstream Arts, Inc. • Payment and registration form may be mailed to:
Upstream Arts, Inc. • 1304 University Ave NE Ste 306 • Minneapolis, MN 55413

RELEASE OF LIABILITY:

Please read carefully and sign below if you agree to all the terms.

The undersigned, in consideration of participation in this program, agrees to indemnify and hold Upstream Arts, Inc., its officers, employees, volunteers, any assisting non-profit organizations and agents, from any and all liability for any injury to persons or property arising out of or in any way connected with participation in this program, including injury caused by negligence. In case of injury to my child, I authorize and take full responsibility for any and all related medical expenses. I have read and agree to all terms in this agreement. I understand that photographs and/or video may be taken of my child by agents, employees or representatives from Upstream Arts, which may be used in connection with Upstream Arts' dissemination of information for educational programs, marketing, and to the general public. I hereby irrevocably authorize Upstream Arts to copy, exhibit, publish, or distribute any and all such images of my child for purposes of publicizing Upstream Arts' programs or for any other lawful purpose. I hereby hold harmless, release and forever discharge Upstream Arts from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my or my child's behalf of my estate have by reason of this authorization. **Refund Policy:** All refunds will be made in the form of a credit towards other workshops with Upstream Arts.

Participant or Legal Guardian Signature: _____ Print _____ Date _____