

**Coleman Center for the Arts
Summer ART CLUB 2009
Parental Permission Slip**

Child's Name:

Parent's Name:

Address 1:

Address 2:

Home Phone

Work Phone

Cell Phone

Emergency Contact Name and Telephone:

I hereby give permission for my child to attend the Coleman Center Summer ART CLUB class. I understand that my child will be working with sharp tools as a part of this class, and hereby agree that the neither Coleman Center nor any of its officers, directors, or employees will be liable for any damages arising from personal injury sustained by my child in on or about the Coleman Center properties as a result of their using the facilities, equipment, tools, services or other provisions.

Date:

Print Parent or Legal Guardian Name:

Parent or Legal Guardian Signature: