



ART & CRAFT UNITY WITH THE COMMUNITY

The BeYoutiful Hour Social

5927 Turney Rd.  
Garfield hts, OH 44125  
(216) 472-0747



BeYou Entrepreneur Programs

Age: 8yrs-18yrs (boys & girls)

Dates 10 Weeks

(closed 11/23 & 12/25)

Day : 2:45 PM - 6:00 PM

: Monday through Thursday

: 2 hrs per student

Registration Form \*\$30 Registration Fee due a sign up

Child Name \_\_\_\_\_

Age: \_\_\_\_\_. Gender: M F DOB: \_\_\_\_\_

Parent\Guardian \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

( Please check email daily for class information, schedule changes, news and events)

Allergies/ Special Health Concerns \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons allowed to pick up your child: \_\_\_\_\_

If applicable, please describe any health limitations relevant to your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_(INITIAL) **Authorization for Emergency Medical Care**

I/We hereby give permission to the staff of The Beyoutiful Hour

Emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that the child care provider will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the registration document before any action will be taken, time allowing. If the child care providers is unable to reach any of the contacts listed, treatment will not be delayed. I/we will accept the possibility and expense of emergency transportation, medical or surgical treatment.

## **Consent for My Child to Participate in The BeYoutiful Hour Socials, Cancellations & Refund Policy**

We do not grant refunds or credits for event registrations upon customer cancelation or no-show. We reserve the right to cancel events and classes due to low enrollment, staff sickness, extreme weather, or other conditions beyond our control. Registrants will be notified via text 24 hours prior to class if an event is cancelled for low registration, and every attempt will be made to contact participants as soon as possible in the event of emergency cancellation. I have read the studio policies and agree to the above waiver.

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Signature of Parent/Legal Guardian

Date

### Photo Release Permission

I/We give permission for photos/videos to be taken of all participants registered for this activity. I/We understand that photos/video may be published online, in printed materials and/or for other promotional purposes, but only to help document student work and illustrate The BeYoutiful Hour Social and the teaching artists. I/We hereby waive any ownership rights, as well as any right that I/we may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. I have read the studio policies, and agree to the above waiver.

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Signature of Parent/Legal Guardian

Date

### Liability Waiver

This agreement releases The BeYoutiful Hour Social from all liability relating to injuries that may occur during classes, camps, workshops, or events. By signing this agreement, I agree to hold The BeYoutiful Hour Social, including staff and volunteers entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in any hands on event, class, camp, or workshop. These include but are not limited to burns, cuts, slips, falls, or other injury. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By registering and signing below I forfeit all right to bring a suit against The BeYoutiful Hour , staff and volunteers for any reason. In return, I will receive participation in the event for which I am registered. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed. By enrolling for this class, I fully understand and agree to the above terms. I have read the studio policies and agree to the above waivers.

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**Signature of Parent/Legal Guardian**

**Date**