



## ***Summer 2012 Registration Form***

### **INFORMATION**

Name of Registrant:

Age of Registrant:

Name of Parent Guardian:

Email:

Permanent Address:

Permanent Phone:

Local Address:

Local Phone:

Emergency Contact Person:

Emergency Phone:

**Umbria Program Session I June 25-29, 2012** Mon-Thur 9:30-3:00 Friday 9:30-1:00

☼ Apprentice, ages 6-12 (385€) \_\_\_\_ ☼ Master, ages 13-17 (225€) \_\_\_\_

**Umbria Program Session II July 2-6, 2012** Mon-Thur 9:30-3:00 Friday 9:30-1:00

☼ Apprentice, ages 6-12 (385€) \_\_\_\_ ☼ Master, ages 13-17 (225€) \_\_\_\_

**Tuscany Program July 9-13 2012** Mon-Thur 9:30-3:00 Friday 9:30-1:00

☼ Apprentice, ages 6-12 (385€) \_\_\_\_ ☼ Master, ages 13-17 (225€) \_\_\_\_

**Lake Maggiore Program July 16-20 2012** Mon-Thur 9:30-3:00 Friday 9:30 - 1:00

☼ Apprentice, ages 6-12 (385€) \_\_\_\_ ☼ Master, ages 13-17 (225€) \_\_\_\_

**Total fees:** \_\_\_\_\_

To Pay by Credit Card, please provide the following information

Type of Card: MC, Visa, Amex

Cardholder Name:

Card Number:

Expiration Date:

Security Code (CVS):

Billing Zip Code:

## **REGISTRATION POLICIES**

Registration deadline is 10 June 2012.

Full payment to be received upon registration to guarantee enrollment.

Registered participants will receive an informational packet upon confirmation of registration.

## **PARTICIPANT HEALTH INFORMATION**

I authorize Arte al Sole staff to secure for \_\_\_\_\_ the services of emergency transportation, a physician, a dentist, or a hospital in the event of accident or illness. I will be responsible for payment of all services.

Signature of Guardian \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Participant Name:

Birthdate:

Gender:

Special Medical Information or Program Needs:

Allergies:

International Health Insurance Carrier: Policy #:

## **LIABILITY WAIVER**

I do hereby forever hold harmless and release Arte al Sole from any and all liability to the Arte al Sole program, staff, or agents from any and all actions, claims, damages, costs, loss of service, expense, and compensation, on account of or in any way growing out of any and all known and unknown personal injuries and property damage that we may not or hereafter have resulting or to result from the connection with or participation in and/or arising out of the Arte al Sole program.

In the event that my child becomes ill, I authorize the Arte al Sole staff to obtain medical attention for my child at a physician's office or hospital. I understand that someone from Arte al Sole will attempt to reach me before medical treatment is given to my child. Furthermore, in the event that such need arises, I authorize Arte al Sole to provide minor medical treatment for my child. I also give permission for my child to be photographed while attending the program. This agreement shall be deemed to have been made in Italy, and in the event of a dispute, within the jurisdiction of Italian law.

Signature of Guardian \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL OR FAX COMPLETED FORMS TO:**

**Arte al Sole** | 74 Virginia Lane | Santa Barbara, CA 93108 USA

Phone USA +1 (805) 680-7913 | Skype: ItaliaKids.com | Fax +1 (805) 969-7450