

# VSA Nevada Registration Form

## **PRE-REGISTRATION REQUIRED FOR ALL WORKSHOPS AND CAMPS**

*Please make checks payable to VSA Nevada*

**Fax to (775) 337-6107 or mail to 250 Court St., Reno, NV 89501, [www.vsanevada.org](http://www.vsanevada.org)**

Please print. Workshops and Camps are limited in size & are on a “first come first serve” basis.

For information please call the admin. assistant (775) 826-6100 ext 3# or e-mail at [info@vsanevada.org](mailto:info@vsanevada.org).

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

School (Required for ALL children’s workshops/camps) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Day/Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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

Would you like to receive our VSA Nevada Newsletter and email notification of upcoming workshops/camps?     Yes     No

E-mail \_\_\_\_\_

**Where did you hear about this workshop/camp?** \_\_\_\_\_

Workshop/Camp Name	Start date	Day(s)	Time	Fee	Location

By agreeing to this waiver, I assume these risks and hold harmless VSA Nevada, City of Sparks, Washoe County School District, its directors, agents, employees and teachers from any claim, cause of action or liability for damage arising from any personal injury, illness or other health issue caused to myself or my child or other persons or property caused by my or my child’s participation in any VSA Nevada programs or classes.

In case of accident or illness, the aforementioned / VSA Nevada has my permission to secure medical attention as deemed necessary if unable to communicate with me or my emergency contact immediately. If you do not agree to this portion of the waiver, please contact VSA Nevada.

\_\_\_\_\_  
Parent’s/Guardian’s or Individual’s **Printed Name**

\_\_\_\_\_  
Parent’s/Guardian’s or Individual’s **Signature**

I hereby grant permission to VSA Nevada to utilize my (or my child’s) artwork and/or my (or my child’s) appearance, name, voice, and likeness to help promote VSA in any and all manner and media.

Parent’s/Guardian’s or Individual’s Signature \_\_\_\_\_