Allegany Arts Association FREE Art For Youth
SIGN UP SHEET

Date of Class _____

Program Name _____ Instructor _____

STUDENT CONTACT INFORMATION FOR THE ALLEGANY ARTS ASSOCIATION

Parent/Guardian please check the Photo/Video release column. If checked "yes", you hereby grant permission to the Allegany Arts Association and related media outlets for AAA to use a photo and/or video of your child named for publication or broadcast as it relates to the Allegany Arts Association Free Art for Youth Program.

Student Name	Student Address / Town	Student Age	Photo/Video Release
			( ) Yes ( ) No
			( ) Yes ( ) No
			( ) Yes ( ) No
			( ) Yes ( ) No
			( ) Yes ( ) No
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