



SAORI PHILADELPHIA

A community Textiles & Craft Gallery

731 South 22nd St, Phila, PA 19146

Telephone: 267.273.0636

Email: saoriphiladelphia@gmail.com

Office Use Only	Course:	
Class Fee: _____	Dep./Date rec'd _____	
Materials: _____	Balance/Date rec'd _____	
Date Conf'd _____		
Start Date _____	Resch. to: _____	
End Date _____	Resch. to: _____	
Payment: Cash / Venmo / Credit (Visa / MC), 5% fee		
_____ CVV ____ Exp ____ / ____		

REGISTRATION AGREEMENT

NOTE: Please KEEP a copy of this form as your receipt, schedule of classes, and reminder about studio policies!

Course for which you are registering:

____ Pre-K "Read and Make" (ages 2-4) ____ SAORI Juniors (ages 5-12) ____ Other: _____

Child Name: _____

Age: ____ **DOB (optional):** ____/____/____

Address: _____

School/Day-care: _____

City, State, Zip: _____

Parent or Guardian: _____

Email Address: _____

Work/Cell Number: _____ - _____ - _____

Emergency Contact & Phone Number: _____ / _____ - _____ - _____

Is there anything we should know about the student's health, such as allergies, asthma, food intolerance, medications that he or she takes? ____ Yes ____ No **If yes, please describe:**

Release And Waiver

The undersigned hereby waives and releases Ready to Hand: SAORI Philadelphia and Leslie Sudock and from all claims as to any and all injuries, losses or damages, including attorney's fees, that may incur or be sustained by participation in programs and sessions at Ready to Hand, except for the willful misconduct or gross negligence of Ready to Hand.

In the event of an accident, injury, illness or emergency, I give Ready to Hand permission to acquire emergency medical treatment if no parent or guardian or emergency contact can be reached. I understand that parents must make other arrangements if their child needs to take any medications.

I ____ do / ____ do not grant permission to Ready to Hand to take and use photographs/video of my child for promotional materials.

Children will not be allowed to attend without this completed registration and release form.

Due to limited space, advanced registration and payment are required for all programs.

Registrations are not accepted the day of the program. Registration confirmations will be sent by email.

Proof of COVID-19 vaccination is required to participate without wearing face masks in studio events.

THIS WORKSHOP IS NON-REFUNDABLE

I, _____, the parent/guardian, have read this agreement. I understand and agree to all of its terms.

Parent/Guardian Signature: _____ **Date:** _____

Print, sign and date this form and return with payment to **Ready to Hand**. You may drop off the form and payment in person at, or mail to: Ready to Hand Studio, 731 S. 22nd Street, Philadelphia, PA 19146. Checks should be made payable to Ready to Hand. Payment may be made by Venmo (Acct: Leslie Sudock Ready to Hand) OR by credit card for a 5% fee.

We look forward to seeing your child soon! If you have questions or need additional information, please contact Leslie Sudock saoriphiladelphia@gmail.com, or visit our website: www.readytohand.org

PARENTS: PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.