

**Coleman Center for the Arts  
Summer Art Class 2010  
Parental Permission Slip**

**Child's Name:**

**Parent or Legal Guardian Name:**

**Address 1:**

**Address 2:**

**Home Phone**

**Work Phone**

**Cell Phone**

**Emergency Contact Name and Telephone:**

I hereby give permission for my child to attend the Coleman Center Summer Drawing and 2D Design class. I understand that my child will be working with sharp tools as a part of this class, and hereby agree that the neither Coleman Center nor any of its officers, directors, or employees will be liable for any damages arising from personal injury sustained by my child in on or about the Coleman Center properties as a result of their using the facilities, equipment, tools, services or other provisions.

**Date:**

**Print Parent or Legal Guardian Name:**

**Parent or Legal Guardian Signature:**