

**SIDE BY SIDE REGISTRATION FOR VSA KY /Murray Art Guild**

Student Name: \_\_\_\_\_

Student Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Disability (for planning purposes only): \_\_\_\_\_

Student's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Phone (if different than student): \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

If you grant *VSA arts* of Kentucky permission to use photographs and/or biographical information about your child, please check the boxes below.

photographs       biographical information

Please initial \_\_\_\_ that I hereby grant *VSA arts* of Kentucky permission to use, distribute, and release images of all artworks and hold *VSA arts* of Kentucky harmless from any such use for purposes of promotion of *VSA arts* of Kentucky through the following media, including but not limited to print, radio, television, electronic and Internet media (website) coverage. I also understand that ownership and copyright of the collaborative work(s) that my child creates with his/her partner artist will become the property of *VSA arts* of Kentucky.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

(if participant is 17 years of age and younger or under the care of a legal guardian)

\*It is VSA policy that framed student work, collaborative piece and artist work are exhibited at close of program. Collaborative work will be the property of *VSA* Kentucky.