

# PROMENADE OF CHARLOTTE APPLICATION

CHILD'S FULL NAME \_\_\_\_\_

NAME TO BE CALLED \_\_\_\_\_ GENDER \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

MOTHER'S FIRST NAME \_\_\_\_\_ FATHER'S FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SCHOOL CHILD ATTENDS \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

OTHER SIBLINGS WHO HAVE PARTICIPATED IN PROMENADE:

\_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

\_\_\_\_\_

There is an application fee of \$25 with the check to be made out to Promenade Sponsors Fund which should be sent with the application. Thank you for your interest in Promenade!

## FILM, PHOTOGRAPHY, WEBSITE RELEASE FORM

In the event that there is either any print or electronic media coverage during classes or events, permission is hereby granted to use any photograph or video of likeness of the student or participant in any manner, without obtaining subsequent permission or consent and without payment of further consideration. I agree to defend, indemnify, and hold Promenade of Charlotte harmless from and against any claim, demand or cause of action that I may make because of the use of any such photograph or likeness in any manner. I understand that photographs will not have any person identified by name.

By submitting this signed application, I am signing this agreement.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION SHOULD BE COMPLETED AND RETURNED WITH THE \$25 FEE TO:

ELIZABETH JONES, EXECUTIVE DIRECTOR  
PROMENADE OF CHARLOTTE, INC.  
P.O BOX 11223  
CHARLOTTE, NC 28220