



## Follow The Thread Program PROGRAM POLICIES

### Working Teams

Our facilitators will help group participants by ability level to maximize instruction. If you chose to gather your own group, please consult with the instructors beforehand. Groups should be no larger than 5 Creatives plus their Collaborators.

### Missed Classes

Due to the progressive nature of the training and limited staff, we cannot provide makeups for missed classes.

### Guests

To encourage learning and provide each person with ample attention, we discourage bringing guests to class. If a Collaborator cannot attend, a substitute is welcome for that time period.

### Clothing and Personal Property

We will be using a variety of art supplies during instruction including paint and scissors. Please make sure that everyone wears clothes that they don't mind ruining. Don't bring anything of value, particularly items that may get stained or torn. aZul for Better Living, Inc. does not accept responsibility for loss, damage, or theft of personal property.

### Conduct - Making the Learning Experience Enjoyable For All

We at aZul for Better Living, Inc. believe in encouraging each Creative to be the best that they can be. We understand that sometimes Creatives may find group work challenging. If a Creative is having a hard time, please let our support team know, so that we can make changes to encourage their participation.

### Safety

Please inform aZul for Better Living, Inc. staff of any needed items to insure a Creative's safety. You are highly encouraged to bring all support objects and necessary medicines your Creative may need. aZul for Better Living, Inc. will not have medical resources available at the time of instruction.



## Follow The Thread Program PROGRAM POLICIES

### PAYMENTS AND INVESTMENT [Take \$15 off when referring a friend who pays in full.]

**Program Tuition Includes:** Class training time  
Supplies and tools  
An instructional workbook  
A take home supplies Kit bag, “I design”  
Counselor support  
Garment Showcase participation

**Tuition (5 months):** There is a one-time \$25 registration fee per C<sup>2</sup> team. Following fees are per C<sup>2</sup> Team.

phase	length	hours	activity	cost
0	1st week	2	Informational meet and greet	Free
I	12 weeks	2 per session	Training	\$2,400
II	4 weeks	2 per session	Branding	\$800
III	4 weeks	4 per session	Application - Entrepreneurship actions	\$400
<b>total</b>				<b>\$3,600</b>

**Payments.** Full payment before the first day guarantees your C<sup>2</sup> team seats!  
For pay as you go, payment should be received in advance of each phase.  
Tuition is non-transferable.  
Cancellations must be made 3 or more weeks prior to the start of a phase.

For a safe environment. Please give us a letter stating the names of a possible Collaborator substitute. **Make sure you bring all the Creative needs to be comfortable.**



# Fully Inclusive Design Program REGISTRATION FORM

Today's Date

Name of the Program

## CREATIVE'S INFORMATION

Creative's Last Name

First Name

Middle

School Attended

Birth Date

Age

Sex

Female

Male

Address [Address/P.O Box, City, State, Zip, Country]

Parent's Name

Business Address

Cell phone

Parent's Name

Business Address

Cell phone

## ADDITIONAL INFORMATION

Are there any other activities or organizations the Creative participates and/or takes part in?



# Fully Inclusive Design Program REGISTRATION FORM

## MEDICAL INFORMATION

Please take your time and make sure you give us as much information as possible.

Primary Doctor's Name

Doctor's Phone Number

Please list any chronic health concerns, allergies / food restrictions that we need to be aware of for the Creative (seizures, any sensitive condition, preference on managing behaviors):

Is the Creative taking any medication? Please specify.

Does the Creative use a communication device?

## EMERGENCY CONTACT

Name of local friend or relative  
(not living at same address)

Relationship  
to Creative

Home Phone

Work Phone

The above information is true to the best of my knowledge.

\_\_\_\_\_  
Creative/Guardian Signature

\_\_\_\_\_  
Date



## Fully Inclusive Design Program LIABILITY WAIVER

I realize that any program, such as AZUL'S DESIGN PROGRAMS, which involves handling different supplies can result in physical injury. I release AZUL FOR BETTER LIVING, INC., its owners, instructors and staff from all liability for injury to my relative (Creative) from participation in this program. I permit my relative to participate.

### PROGRAM CHANGES:

AZUL FOR BETTER LIVING, INC. reserves the right to make changes in programs, schedules, instructors, and to cancel classes due to extreme circumstances. AZUL also reserves the right to refuse and or cancel the registration of a disruptive or very ill creatives.

I understand that Tuition for classes is non-refundable.

I have read, understand and agree to AZUL's Policies as explained.

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Signature

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Date



# Fully Inclusive Design Program REGISTRATION FORM

Today's Date

Name of the Program

## COLLABORATOR'S INFORMATION

Collaborator's Last Name	First Name	Middle	Relationship To Creative
Birth Date		Age	Sex
			<input type="checkbox"/> Female <input type="checkbox"/> Male
Address [Address/P.O Box, City, State, Zip, Country]			
Parent's Name	Business Address		Cell phone
Parent's Name	Business Address		Cell phone

## MEDICAL INFORMATION

Please take your time and make sure you give us as much information as possible.

Primary Doctor's Name

Doctor's Phone Number

Please list any chronic health concerns, allergies / food restrictions that we need to be aware of for the Collaborator (seizures, any sensitive condition, preference on managing behaviors):



# Fully Inclusive Design Program REGISTRATION FORM

## MEDICAL INFORMATION CONTINUED

Is the Collaborator taking any medication? Please specify.

Does the Collaborator use a communication device?

## EMERGENCY CONTACT

Name of local friend or relative  
(not living at same address)

Relationship  
to Collaborator

Home Phone

Work Phone

The above information is true to the best of my knowledge.

\_\_\_\_\_  
Collaborator/Guardian Signature

\_\_\_\_\_  
Date



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I have read, understand and agree to AZUL's Policies as explained.

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Signature

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Date





Fully Inclusive Design Program  
PHOTO/VIDEO WAIVER RELEASE

I hereby give permission for images of the Creative and Collaborator, captured during any activities through video, photo and digital camera to be used solely for the purposes of aZul for Better Living, Inc.'s promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Creative \_\_\_\_\_

Name of Collaborator \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date