

# Summer Program REGISTRATION FORM

Art Course /day/time\_\_\_\_\_

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Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student's home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Employer and address \_\_\_\_\_ WorkPhone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Employer and address \_\_\_\_\_ WorkPhone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Authorized Emergency Contact Name 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ PhonePhone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Authorized Emergency Contact Name 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ PhonePhone \_\_\_\_\_ Alternate phone \_\_\_\_\_

## Other Family member infomation

relationship	name	Birthday

Allergies/Special Concerns: Does the student have any emotional, physical, medical or behavioral problems that might affect him/her during art classes? (If so, please explain.)\_\_\_\_\_

Photos: I authorize my child's art/crafts to be displayed in the gallery, and that it and the child can be photographed for promotion purposes. (If you object, please cross out this section).\_\_\_\_\_ Signature \_\_\_\_\_

## POLICIES:

- class fee is paid at the time of registration. Students are registered at time of payment
- Each student must submit a completed registration form for each separate art class.
- Registration can be made in person, by mail or Email

If a session is cancelled due to insufficient registration, an alternative session will be offered if/when available, or a full refund will be issued. When classes are canceled due to inclement weather or other circumstances they will be rescheduled. No refunds will be granted when students leave class early.

## Release Agreement for Parents of Children/Youth Artists:

I agree to the fullest extent to be responsible for any medical bills which may incur resulting from illness or injury during my child's participation in art classes. I also understand and agree that I am expected to carry my own accident and medical insurance. I release the instructor of the art classes from any and all liability and/or claims or damages arising out of personal injury of any kind.

Signature: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_



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