



Class Registration

Class and Instructor _____

Student Name _____

Address _____

Phone _____

Parent/Guardian _____

Grade ___ School _____ Age _____

Emergency Contact _____ Phone _____

Special Medical Information _____

Initial Parent/Guardian must notify office if student will no longer be taking classes. Otherwise they will be charged normal class fees. The Art Center reserves the right to dismiss a student due to disorderly conduct and no refunds will be made if a student is dismissed for disciplinary reasons.

Media Release:

I understand photographers and/or television crews will sometimes be present photographing or filming the Colquitt County Arts Center's classes, rehearsals, lessons, and/or performances. I give my permission for resulting photographs and/or television footage, which may include my child, to be used for promotional purposes on television, or in newspapers, magazines or any other media deemed appropriate by the staff of the Colquitt County Arts Center.

Signature (if under 18 parent sign)

Date

Medical Release Form:

The Colquitt County Arts Center will not assume responsibility for any injury incurred while participating in any program or event, nor will the Colquitt County Arts Center be liable for lost or stolen items while members and/or program participants are using the Arts Center facilities or are on the premises or participating in an off-site event representing the Colquitt County Arts Center. I give my permission for the Colquitt County Arts Center to conduct any necessary measures regarding the health of my child or myself in case of an emergency.

Signature (if under 18 parent sign)

Date