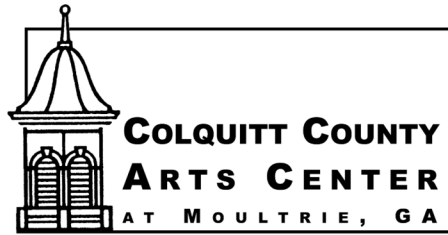


- Copy to Instructor`
- ATTN/Pay Input
- Quickbooks
- Student Roster
- Add E-mail



Payment may be made through bank draft upon request.

Additional \$5 added to class fee for non-patron members of the Arts Center

Class Registration

Class and Instructor _____

Student Name _____

Parent/Guardian _____

Mailing Address _____ City _____ State _____

Zip _____ Would you like to be included on our email list? Yes _____ No _____

Email Address: _____

Home phone number _____ Cell _____ Work _____

Grade _____ School _____ Age _____

Contact in case of emergency: _____ Phone number: _____

Special medical information: _____

The Arts Center reserves the right to dismiss a student due to disorderly behavior. No refunds will be made if a student is dismissed for disciplinary reasons.

Initial

Payment is expected at the FIRST of every month. A 30 day notice is required if you or your child decides to stop lessons. It is up to you to notify the office of this decision either in writing or by telephone (985-1922).

Initial

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 signature)

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 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 emergency.

Signature (if under 18, parent signature)

Date