

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



**Payment may be made through bank draft upon request.**

## 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