

A TOWN CENTER



BREEDING A CULTURE THAT INSPIRES

KIDS ART CLUB SUMMER

Child Name _____ Age _____ DOB _____

Sibling Name (if applicable) _____ Age _____ DOB _____

Street _____ Apt/Ste _____

City _____ State _____ Zip _____

Medical Concerns _____

GUARDIAN INFORMATION

Guardian Name: _____ Phone #: _____

Email: _____

How did you hear about us? _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone: _____

DATES ATTENDING:

Week or Specific Days: _____

FEES

\$100 each camp x _____ = _____

\$25 each day x _____ = _____

Total _____ Payment Method _____

Received By: _____ Date: _____ **Continue Registration on
Back...**

Liability Waiver

I, _____ release and hold harmless the A Town Center, Inc. its staff, students and volunteers from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this Kids Art Camp program, including but not limited to, accidents, acts of God, war, civil unrest, sickness, terrorism, transportation, scheduling, government restrictions or regulations and any and all expenses I may incur while participating in the program. I understand this agreement cannot be modified except in writing by the school and that no oral modification or interpretation shall be valid.

I give permission to take pictures of my child in classes for publicity in the newspapers, website or on brochures, in effort to promote Kids Art Club for future years. Yes _____ No _____ (Please initial one or the other)

I allow A Town Center’s staff to notify you of other upcoming learning opportunities.

I have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver.

Cancellation Policy

There is a \$25 non-refundable processing fee per class for cancellations. Cancellations made less than 7 days in advance are non-refundable. Please contact the Program Director at A Town Center for extenuating circumstances, atowncenter@gmail.com.

Print Name

Signature

Date