



Art Club 2011-2012

Registration Form

Please send registration form with payment to:

Quincy Art Center, 1515 Jersey St., Quincy, IL 62301, 217-223-5900, 217-223-6950 (fax).
 Students will not be registered until payment is received.

Full class descriptions can be found online at www.quincyartcenter.org

Art Club Members may only register for one group per session. Art Center Members receive a \$5 discount. Call 223-5900 and ask how to apply for a scholarship based on need.

| REGISTER | | | |
|---|---------------|---|-------|
| Student Name | Age/ Grade | Class Title | Fee |
| | | <u>FALL SESSION</u> <i>Friends of Frida</i> | \$ 20 |
| | | <u>FALL SESSION</u> <i>Warhol Warriors</i> | \$ 20 |
| | | <u>SPRING SESSION</u> <i>Friends of Frida</i> | \$ 20 |
| | | <u>SPRING SESSION</u> <i>Warhol Warriors</i> | \$ 20 |
| Total fee | | | \$ |
| Art Center Members Receive Discounts! Are you a Member? | | | |
| If YES subtract \$5 per session!..... | | | - \$ |
| If NO consider renewing or adding a Household Membership of \$40..... | | | + \$ |
| TOTAL PAYMENT ENCLOSED | | | \$ |
| PARENT/GUARDIAN CONTACT INFORMATION | | | |
| Parent/Guardian Name: | | | |
| Home Address (Street, City, State, Zip): | | | |
| Daytime Telephone Number: | | | |
| Cell Phone Number: | | | |
| Email Address: | | | |
| OTHER EMERGENCY CONTACT | | | |
| Name: | | Relationship to Child: | |
| Phone Number(s): | | | |



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HEALTH INFORMATION

Is this child(ren) on any medication? NO YES (please list)

Does this child(ren) have any allergies? NO YES

Does this child(ren) have special needs? NO YES (please list)

Other Information:

Release/Waiver: I hereby agree to indemnify and hold harmless the Quincy Art Center and its employees from and against any and all claims for personal injuries or damages of any kind arising from participation in the Art Center's Programs. Further, I authorize the Quincy Art Center staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by the Art Center staff to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless the Quincy Art Center personnel in seeking medical care for my child.

Refund Policy: Fees will be refunded, if you withdraw from a program before the first day of class. If you must withdraw after this time, no refund will be given, except for documented medical reasons.

Photo Consent: By your signature, you agree that the Quincy Art Center may use the above named student(s) photograph in the routine promotion of its classes and activities and for other non-commercial applications.

Field Trip consent: I give permission for my child to leave the premises of the Quincy Art Center for field trips related to class work. I understand that these trips are supervised by one or more adult staff members. I also understand that I will be fully informed in advance as to the day, time and location of the field trip.

Parent/Guardian Signature:

Date: