

## Arts Academy Registration

Nine Saturdays - Opening Feb 24!

Feb 24, March 3,10,17,24, April 7,14,21,28 -9:30 am- 12:30 pm

BW Arts Academy Tuition INCLUDES NINE SESSIONS; guest instructors and professional artists' programs; all materials and supplies; Graduation Ceremony, Master of Arts Certificate, participation as an exhibitor in Gallery Show and Opening Reception; BW Arts Academy T-Shirt, Open studio times-TBA and refreshments at each session.

For this year we are offering our inaugural discount of \$50.00 Off!

2018 Tuition: ~~\$299~~ Now only \$249 for non-members; ~~\$285~~ Now only \$235 for BW Members.

Register By Feb 17th, 2018.

EMAIL THIS COMPLETED FORM TO: hlees@bottleworks.org - You will be required to sign this in person.

**All Major Credit Cards, Money Order, Check or Cash Payments Accepted.**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female: \_\_\_\_\_

Grade attending: \_\_\_\_\_

### Authorization:

I give my Child/ Children permission to go in short walks around Bottle Works

Yes \_\_\_ No \_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Notes: (Please note any adults that are allowed to pick up or drop off the. Anything else we need to know?)

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# Medical Treatment Authorization

Minor's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

## Medical Information

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions for which the minor is receiving treatment: \_\_\_\_\_

Prescription drugs the minor is taking:

Other pertinent medical information:

If emergency occurs, preferred hospital suggested:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)  
As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or instruction. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Effective Date: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

## Photography/ Video Release for Minor Child or Children

I hereby authorize BOTTLE WORKS Ethnic Art Center, hereafter referred to as “Organization” to publish photographs and/or video of myself and/or the minor child or children listed below, and our names and likenesses, for use in the BOTTLE WORKS Ethnic Art Center’s print, online, and video based marketing materials, as well as other Organization publications.

I hereby release and hold harmless BOTTLE WORKS Ethnic Art Center from any reasonable expectation of privacy or confidentiality for myself and for the minor child or children listed below associated with the images/ video specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize BOTTLE WORKS Ethnic Art Center to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs/ video or participation in company marketing materials or other Organization publications. I acknowledge and agree that publication of said photos/ videos confers no rights or ownership or royalties whatsoever.

I hereby release BOTTLE WORKS Ethnic Art Center, it’s contractors, it’s employees, and any third parties involved in the creation or publication of Organization publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### **Authorization**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_