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RRAA – CHILDREN’S REGISTRATION FORM

This form must be completed and signed by Parent or Legal Guardian - Please
Print

Title of Class: _____ Instructor: _____

Date of Class: _____ Time of Class: _____ Cost of Class: _____

Student’s Name: _____

Parent / Legal Guardian: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Please list any medical conditions or special concerns we should be aware of: _____

In case of Emergency, contact: _____ Phone: _____

Date Paid _____ Amount Paid: _____ (Circle One) Cash Check Charge

Please read the following terms carefully and sign:

1. Refund Policy: (A) If student cancels only 50% of student payment is refundable
(B) If instructor cancels the class 100% is refundable
(C) No refund for grant class registrations
2. In the unlikely event of a medical emergency, every possible effort will be made to contact a parent or guardian and medical assistance will be summoned.
3. Students may not arrive earlier than five minutes prior to class, and must be picked up no later than ten minutes after class has ended.
4. The person picking up the child must “sign out” with the instructor.

RELEASE OF LIABILITY:

My signature acknowledges that I have read, and fully understand the RRAA policies stated herein. I hereby release River Region Art Association, its officers, members, volunteers, and class instructors from any and all claims for injury, loss, damage, or negligence that my child may suffer as a result of participation in a class.

Signature of Parent or Legal Guardian

Date