



Art For Everyone

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Class: \_\_\_\_\_

Name of artist: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent(s) or Guardians: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Allergies: Yes No Not Sure If yes (or could be), to what? \_\_\_\_\_

Anything else we need to know (like asthma/seizures, etc.)? \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission agreement**

A.I/we understand that all classes will be held in Merrymeeting Arts Center (MAC) space at 6 Main St. and at 9 Main St. I /we grant permission for my/our child to participate in all of the activities that take place at those locations.

B.I/we grant permission for my/our child to be included in pictures and videos of classes with MAC.

C.I/we grant permission for the staff of MAC to take whatever steps necessary to obtain medical care, if warranted. These steps may include, but are not limited to the following:

1. Administer First Aid.
2. Attempt to contact a parent/guardian or emergency contact person.
3. Attempt to contact child's physician.
4. If we cannot contact the parent or the child's physician, we will do any of the following:
  - a. Contact EMS.
  - b. Call an ambulance.
  - c. Have the child taken to the Mid Coast Hospital Emergency Room in the company of a staff member in a staff vehicle.
6. Any expenses incurred will be borne by the child's family.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

No refunds will be made for withdrawal after the first class. Registration is complete only upon the signed return of this form and payment of full tuition.

**Please make checks payable to Merrymeeting Arts Center.**

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Check# \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_