

Barbara A. Wood Academy of Art
Workshop Registration & Waiver Form

One form per student – please print clearly (2 pages) – Leave at Academy OR Fax to (770) 205-9207

Name of student: _____ Preferred name to use: _____
Name of Parent or Guardian: _____ Relationship: _____
Home address: _____
City: _____ Zip: _____
Home phone: _____ Cell: _____
Email Address: _____ Please add me to your email list

Child/Youth Section

Age : _____ Current Grade: _____ School: _____

Authorized to Pick up Child:

(persons NOT listed below will not be allowed to pick up students under 15 years of age without previously approved arrangements.)

Name: _____ Relationship _____ phone _____

Name: _____ Relationship _____ phone _____

Emergency contact:

Name: _____ Relationship _____ phone _____

Name: _____ Relationship _____ phone _____

Pertinent medical information: _____

Papier Mache Dates (circle):

5/27 6/1 6/8 6/10 6/15 6/22 6/24 6/29
7/6 7/8 7/13 7/20 7/22 7/27 7/30

Puppet Dates (circle):

6/4 6/18 7/16

_____ Papier Mache / Puppet Workshop(s) @ \$60 / \$55 = \$ _____

(Sign up for 3 or more per one student and pay \$55 per Papier Mache/Puppet Workshop)

Cartooning Classes Dates (circle):

5/29 6/3 6/12 6/17 6/26
7/1 7/10 7/15 7/24 7/29

_____ Cartoon Classes @ \$25 / \$22 = \$ _____

(Sign up for 2 or more per one student and pay
\$22per CartoonWorkshop)

Total Due All Workshops: \$ _____
Deposit Amount or Full Payment: \$ _____ (deposit = \$5 per class)
Balance Due Day of Class: \$ _____

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Payment Mode:

CASH Amount attached: \$ _____

Check made payable to the **Barbara A. Wood Academy of Art** Amount attached: \$ _____

Credit Card: Visa MasterCard Discover Amex

Credit Card Number: _____ Exp. _____ CVV code _____

I agree to the above workshop fee(s) and payment terms for the workshops selected.

Child's name (if applicable) _____

Signature of responsible adult _____ Date _____

Print name of responsible adult _____ Relationship: _____

**The Barbara A. Wood Academy of Art
LIABILITY WAIVER**

I understand that the Barbara A. Wood Academy of Art cannot supervise or care for students registered for Academy classes outside of their regularly scheduled class hours.

I hereby release the Barbara A. Wood Academy of Art, its employees, and associates from all responsibility for my child's care outside of his/her regularly scheduled class hours.

I accept full liability for any injury or damage incurred by my child or myself to the Barbara A. Wood Academy of Art, its employees, or its collections during any time that my child or I am attending or on the premises of the Barbara A Wood Academy of Art.

I sign this agreement in consideration of my own and/or my child's admission to the Barbara A. Wood Academy of Art, and I understand that it is legally binding.

Child's name (if applicable) _____

Signature of responsible adult _____ Date _____

Print name of responsible adult _____ Relationship: _____