Portside Arts Center Registration Form

Class Description Cost

_____

_____

_____ How did you hear about us?_____

Total Included $ _____ _____

Student's Name_____ Age_____ Birth Date _____School_____

Parent(s) Name(s) _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ ZIP _____

Email _____

Emergency Contact Person _____ Phone _____

Person(s) with permission to pick up child_____Allergies/Special Needs _____

The above enrolled student has my permission to participate in all the activities offered at the Portside Arts Center. I authorize the Portside Arts Center to take the necessary steps to insure my family's health and safety in case of an emergency. Furthermore, I agree to hold the Portside Arts Center and it's instructors free and harmless from damages to property or injury sustained by participation that results from operation of the program. I also authorize the Portside Arts Center to use my family's name, and photographs for educational or public relation purposes related to the Portside Arts Center.

Signature of Parent/Guardian _____ Date _____

Cancellation Policy Refunds will be given in the form of future course credit. We reserve the right cancel class if student minimum is not met. Students will be notified of cancellation after registration deadline. (Full refund will be given in this circumstance.)