



9341 Mill St., Ben Lomond, CA 95005  
(831) 336-3513 www.MountainArtCenter.org

### CLASS REGISTRATION FORM

(Please fill out and return to above address)

Name of Student \_\_\_\_\_ (Please print)

Name of parent or guardian if student is a minor \_\_\_\_\_

If student is a minor: age \_\_\_\_\_ date of birth \_\_\_\_\_

If student is a minor, a parent or guardian should sign below acknowledging permission for the student to participate in the class and that she/he has read and is in agreement with this contract.

Address \_\_\_\_\_ (City) \_\_\_\_\_ (zip code) \_\_\_\_\_

Phone (day) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-Mail \_\_\_\_\_

Class Title \_\_\_\_\_

Dates and time \_\_\_\_\_

Where did you hear about this class? \_\_\_\_\_

Member of the Art Center? YES \_\_\_ NO \_\_\_

Cost of class \_\_\_\_\_ Materials fee \_\_\_\_\_ Paid: check (#) \_\_\_\_\_ cash \_\_\_ charge \_\_\_

VISA MC DISC NOVUS Card # \_\_\_\_\_ Exp Date \_\_\_/\_\_\_

Signature of card holder \_\_\_\_\_

The undersigned student is participating in this class sponsored by the Santa Cruz Mountains Art Center and hereby acknowledges that student assumes all risk for any injury, loss or damages of any nature during the course of this class.

The student also understands that she/he will receive no refund for this class unless it is cancelled by the Center or the teacher.

It is further acknowledged by the student that the Art Center and its officers, members, employees and agents, accept no responsibility or liability whatsoever for any injury, loss or damage to student's personal equipment or art work.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian