



SANTA CRUZ MOUNTAINS
ART CENTER
341 Mill St. Ben Lomond, CA 95005
831.336.3513 www.mountainartcenter.org

YOUTH 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** _____

Please indicate which # is the emergency contact

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, illness, 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.

By signing this application I acknowledge that the Santa Cruz Mountains Art Center and their agents may take and use photographs and/or videos of my child for publications including but not limited to SCMAC newsletters, websites, grant requests, news media, and educational purposes.

Date _____

Signature of Student

Signature of Parent or Guardian