

ADULT PROGRAM REGISTRATION Fall 2022



Artists Creating Together

Participant Information

Name:					
Address:		City:		Zip:	
Email:		Phone:			
Emergency Contact:			Relationship:		
Emergency Contact Phone:					

New Participants: First-time attendees must complete a one-time Student Enrollment Form and may attend an optional orientation prior to participating in multi-week classes at ACT. *Please check if participant is new to ACT:*

Caregiver Information: ACT's priority is to ensure students receive all needed accommodations; all students are permitted to attend with a caregiver if needed. *Will the student be in class with a direct assistance caregiver?* Yes No

Class Selection

<input type="checkbox"/>	Ukulele Club: Mondays, 4:15-5:00pm (6 weeks)	\$60
<input type="checkbox"/>	ACTion Drummers: Mondays, 5:15-6:15pm (8 weeks)	\$90
<input type="checkbox"/>	The Art of Painting: Tuesdays, 4:00-5:00pm (8 weeks)	\$80
<input type="checkbox"/>	Sculpture & Ceramics: Tuesdays, 5:15-6:15pm (8 weeks)	\$80
<input type="checkbox"/>	*FALL* ACTION Choir: Thursdays, 12:15-1:15pm (12 weeks)	\$120
<input type="checkbox"/>	*FULL YEAR* ACTION Choir: Thursdays, 12:15-1:15pm (21 weeks)	\$200
<input type="checkbox"/>	September Open Studio: September 14, 6:00-7:30pm	\$10
<input type="checkbox"/>	October Open Studio: October 12, 6:00-7:30pm	\$10
<input type="checkbox"/>	November Open Studio: November 9, 6:00-7:30pm	\$10
<input type="checkbox"/>	Zoom Dance Party: October 26, 6:30-7:00pm	FREE
<input type="checkbox"/>	Zoom Drum Party: December 7, 6:30-7:00pm	FREE
<input type="checkbox"/>	*In-Person OR Virtual* Private Art Instruction: ____ sessions	See website
Total		

**Classes require a minimum number of participants. If not reached, registered participants will receive a refund or credit.*

Payment

<input type="checkbox"/> Cash	Enclosed? <input type="checkbox"/>				
<input type="checkbox"/> Check	Check Number:		Enclosed? <input type="checkbox"/>		
<input type="checkbox"/> Money Order	Enclosed? <input type="checkbox"/>				
<input type="checkbox"/> Credit Card	Cardholder:		Billing ZIP:		
	Card #:		CVV:		Exp: /

Assumption of the Risk and Waiver of Liability

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury, including exposure and/or transmission of COVID-19, to my student(s), caregivers or myself, of any kind, that I or my student(s) may experience or incur in connection with my student(s) participation in ACT programming ("Claims"). On my behalf, and on behalf of my student(s), I hereby release, covenant not to sue, discharge, and hold harmless ACT, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ACT, its employees, agents and representatives.

Name of Parent/Guardian: _____ Signature: _____ Date: _____