

ADULT PROGRAM REGISTRATION Summer 2024



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

Summer Class Selection:

<input type="checkbox"/>	Summer Ukulele Club: Mondays, 4:15-5:00pm (8 sessions)	\$100
<input type="checkbox"/>	Summer ACTion Drummers: Mondays, 5:15-6:15pm (9 sessions)	\$115
<input type="checkbox"/>	Creative Movement: Tuesdays, 4:00-5:00pm (8 sessions)	\$90
<input type="checkbox"/>	Art of Gardening: Tuesdays, 5:15-6:15pm (12 sessions)	\$130
<input type="checkbox"/>	Summer Camp at FMG: Monday, 7/15-Wednesday, 7/17, 9am-1pm (3 sessions)	\$150
<input type="checkbox"/>	June Open Studio: June 12, 6:00-7:30pm	\$10
<input type="checkbox"/>	July Open Studio: July 10, 6:00-7:30pm	\$10
<input type="checkbox"/>	*In-Person OR Virtual* Private Art Instruction: ____ sessions	See website
Total		

**Classes require a minimum number of participants. If not reached, class will be cancelled, and registered participants will receive a full 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: _____