



Youth Participant Registration

P-R-I-N-T NEATLY

Date _____

Participant's Name _____
(first) (last)

Birth Date ____/____/____ Age as of Sept. 1st _____ Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____

E-mail: _____

Parent/Legal Guardian _____ Home # _____ Work/Cell# _____

Parent/Legal Guardian _____ Home # _____ Work/Cell# _____

My child has my permission to walk home. Yes No

EMERGENCY CONTACT *(Please list additional contacts on the back of this form.)*

Name _____ Home # _____ Work/Cell# _____

Please list any medical needs and/or allergies your child may have: _____

REFUND POLICY: 50% refund if 15 days after first class. No refund after 15 days.

PHOTO RELEASE AGREEMENT *(Optional)*

Yes, I hereby grant permission for Crossroads Carnegie Art Center to take and publish still photographs and/or publish those previously taken of my child.

Parent/Legal Guardian _____ Signature _____ Date _____

Crossroads Carnegie Art Center will not deny participation in any of its youth programs because of an individual's lack of funds. Contact Crossroads Carnegie Art Center, Monday through Friday, 10:00 am to 5:00 pm for information regarding limited, partial scholarship applications which should be turned in at least two weeks before the sign-up deadline.

WAIVER and AUTHORIZATION. Every reasonable effort will be made to ensure the safety of the student. Crossroads Carnegie Art Center does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. Knowing that Crossroads Carnegie Art Center does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's participation in the program. I hereby waive, release and hold harmless Crossroads Carnegie Art Center, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's participation in the program.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Parent/Legal Guardian _____ Signature _____ Date _____

All children need to be picked up in a timely fashion, if you are late for whatever reason you need to call Crossroads at 541-523-5369. If you are more than 10 minutes late we will call all parent or guardians listed, we will then call emergency contacts. If your child is not picked up within 20 minutes of the end of class we will be forced to contact law enforcement. Crossroads is a mandatory reporter and we take children's safety seriously.