



Saugerties Art Lab PO Box 938 Saugerties, NY 12477  
www.saugertiesartlab.com

# Art Lab Registration – Page 1

Name

NAME: \_\_\_\_\_  
(Last) (First) (Nickname, if any)

BIRTH DATE: \_\_\_\_\_  Male  Female

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Town) (Zip Code) (Family Email)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Town) (Zip Code) (Family's Email)

Parent's/Guardian's Names: _____ _____		
Father's/Guardian's Place Of Business	E-Mail Address	Cell Phone
_____	_____	_____
Position	Phone	
_____	_____	
Mother's/ Guardian's Place Of Business	E-Mail Address	Cell Phone
_____	_____	_____
Position	Phone	
_____	_____	

Birthdate

Please List Emergency Contacts And All Authorized Pick Up Names Below:			
Name	Relationship To Child	Day Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship To Child	Day Phone	Cell Phone
_____	_____	_____	_____
Name	Relationship To Child	Day Phone	Cell Phone
_____	_____	_____	_____



Saugerties Art Lab PO Box 938 Saugerties, NY 12477  
 www.saugertiesartlab.com

## Art Lab Registration – Page 2

<i>Program Name</i>	<i>Cost</i>	<i># of participants</i>	<i>Total</i>
Spring into Art Camp 2009: Aesop's FABLES April 6-10 (M-F, 9:30-11:30) @VFW 6-12 year olds – Kindergarten-6 <sup>th</sup> grade	\$100		
FLOAT CAMP: Design, build, and walk with 4 <sup>th</sup> of July Float June 27-July 3 <sup>rd</sup> (M-F 9-12) This program is a drop-in program for <i>all</i> ages	FREE		
<b>Scholarship requested or value of barter offered (see policy below)</b>			
<b>Total Payment</b> (Please circle method of payment-- Paypal, Check, Credit Card, Cash)			

Please mail these forms and payment (make checks to Saugerties Art Lab) to the address above. To reserve a spot in any program call 845-246-9295 or go to [www.saugertiesartlab.com](http://www.saugertiesartlab.com) and pay with PayPal.

### Family Statement of Understanding & Waiver of Liability

*Signature required for children to participate in Art Lab programming.*

**Liability:** I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent child or children and any child or children under my care, which might arise directly or indirectly from and/or as a result of, and/or participation in Art Lab programs. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Saugerties Art Lab and all employees, artist/teachers, and volunteers in their capacities as representatives of Saugerties Art Lab, except for injuries caused intentionally, or by willful misconduct. **I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns.**

**Supervision:** I understand that I am not to leave my child at the Art Lab program site unless an Art Lab staff person is there to receive and supervise my child. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child or children and/or a child or children under my care must either be listed on this form, or other arrangements must be made in writing to Saugerties Art Lab to inform the artist/teachers of any changes. Parents and their designees must always carry photo ID to properly identify themselves. I understand that Saugerties Art Lab has the right to terminate arrangements for parents and/or their designees who disregard these basic understandings.

**Medical:** I give Saugerties Art Lab permission to take my child or children and/or the child or children under my care to the proper medical facilities and for those facilities to provide needed care in an emergency.

**Financial:** I agree to pay the balance of program fees with my registration packet. I understand that reserved space cannot be held without payment in full. I understand that all paid fees, including, but not limited to tuition and registration are nonrefundable.

**Photo Release (please check if agree or strike out all text if permission denied):** I give Saugerties Art Lab permission to have my child's picture taken and used in Saugerties Art Lab promotional material or I have authority to give such permission to the child or children under my care.

**SIGN HERE:**

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

\_\_\_\_\_  
Date

*Thanks to the generous support of the Saugerties Kiwanis Club, scholarships are currently available for all of Art Lab's fee programs. Please indicate on the back of this form why receiving a scholarship for this program is necessary and how much you will be able to pay for the class. Barter of skills and service is also considered.*