



Kids Art Class—Registration

Child's Name _____ Age _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Alternate Phone Numbers _____

Address _____ Postal Code _____

Family E-mail Address _____

Any Allergies or other concerns? _____

*Please ensure your child is wearing clothes that can get messy,
and brings a water bottle & snack if needed.*

Fall Season Tuesdays from Oct 2 to Nov 6

Grade K—3 **JUNIOR**
6:00—6:45 pm

Grade 4—8 **YOUTH**
7:00—8:30 pm

Participant Waiver & Media Consent:

I, the undersigned parent/guardian, authorize the Dauphin & District Allied Arts Council and/or anyone acting on their behalf to acquire necessary medical aid that may be needed as a result of any accident or injury which may be sustained by my child. I hereby absolve and hold harmless the Dauphin & District Allied Arts Council and/or anyone acting on their behalf from all injuries, claims or liabilities that may result from my child's participation.

I also give permission for my child to be photographed or recorded on video to be used in local news, watsonartcentre.com, and social media.

Signature _____ Date _____