



Registration Form: 2023 – 2024 School Year

Our mission is to provide meaningful experiences that encourage an appreciation for the arts, stimulate creativity and innovation, and offer an artistic community space where all are welcome.

Students' Name: _____ **Today's Date:** _____

Address: _____

Email Address: _____

Gender: M F **Date of Birth:** _____

Student's Grade: _____ **Name of School:** _____

Student will arrive at Wintergreen by: Bus Family Member Other

Allergies: _____

**Special
Needs:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number(s): _____

Emergency Contact Info:

1) Name: _____ Number: _____

2) Name: _____ Number: _____

Who do you authorize to pick up your child?

1) Name: _____ Number: _____

2) Name: _____ Number: _____

Release of Liability:

I hereby release Wintergreen Arts Center, its partners, and all employees, agents, officers and volunteers from any liability claims, demands for suits for property damage and personal injury which could arise out of the course of participating in this program.

I have read the above and agree.

Medical Emergencies:

I understand that these programs may involve physical activities and perhaps a health risk. I release all the above-mentioned parties from any claims. I also grant permission for emergency medical attention in the event that I cannot be reached.

I have read the above and agree.

Photographic Release:

I understand that photographs may be taken during the workshop to be used for promotional purposes, future advertising, Facebook postings and /or website use. I grant permission to Wintergreen to use any image of myself for such purposes.

I have read the above and agree.

Payment Policies:

Payment is required to complete the registration and secure a spot in the class.

I have read the above and agree.

Please Sign: _____ Date: _____

For Office Use only: **Enter payment type, amount, and date in each session**

Fall I: Fall II: Winter I: Winter II: Spring: