

Class: _____ Instructor: _____

Art Class Registration

Name of Participant: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____

E-Mail Address: _____

Any Known Medical Conditions or Allergies? _____

Residence: City Limits of Rockmart: _____ Inside Polk County: _____ Other than Polk County: _____

Emergency Contact Name(s): _____

Emergency Contact Number(s): _____

WAIVER: (PLEASE BE SURE TO CAREFULLY READ THIS SECTION)

Participation in the City of Rockmart / Rockmart Cultural Arts Center Program, related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor and/or assign; I ACKNOWLEDGE, UNDERSTAND AND DECLARE: To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no condition, disease, or injury that would be aggravated by participating in activities related to the Rockmart Cultural Arts Center Program. I ASSUME ALL RISKS from my own actions, inaction or negligence but also the actions, inactions or negligence of others or the conditions of the premises or of any equipment used. I RELEASE WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE The City of Rockmart or any of its agencies, Rockmart Cultural Arts Center, its employees or volunteers, teachers, instructors, coaches, trainers, or officials affiliated with the Rockmart Cultural Arts Center Program(s).

MEDIA: Participant's work, name, or image used for RCAC media purposes may be in the form of a public newspaper, radio, television, or on the RCAC website and/or Facebook, Twitter, and other social media sites.

If you **DO NOT** wish to allow participant's image to be published, please INITIAL HERE _____. Instructor MUST initial HERE _____ as acknowledgement of this request for it to be valid.

REFUNDS: Any Refunds requested after class begins, but before the session ends ARE granted by the SOLE DISCRETION of the instructor. RCAC administrative fees (25%) will be deducted from any refunds.

I also understand that the Rockmart Cultural Arts Center maintains a Zero (0) Tolerance Drug and Alcohol Program; and if determined that this program has been breached, this will be grounds for termination from the Rockmart Cultural Arts Program and that no refund of fees will be awarded.

_____/_____/_____
Print Name of Participant & Parent/Legal Guardian / **Signature** of Participant OR Parent/Legal Guardian **Date**

RCAC Art Class Registration Form Received by _____ Date _____

Make Checks Payable to Instructor

Amount Paid: \$ _____ Cash _____ Check # _____ CC _____

City of Rockmart | Rockmart Cultural Arts Center | 316 N. Piedmont Ave., Building 300 | P.O. Box 231 | Rockmart, GA 30153
www.rockmart-ga.gov/rcac www.facebook.com/rcac.ga