

ArtCraftsForKids

Teen Art Boot Camps

Fill out **Registration** and **Release Form** and mail to:

Filarsky Brown Art Studio LLC, PO Box 337, Franklinton, NC 27525

For more information e-mail us at ipaintportraits@aol.com or call at 919-528-9703 OR 919-880-7431

Child's Full Name

Child's Age _____

Parent/Guardian Information:

Full Name(s)

Mailing Address _____

City _____ State ____ Zip _____

Email Address _____

Home Phone _____ - _____ - _____ Mobile/Cell _____ - _____ - _____

Work Phone _____ - _____ - _____ Ext. _____

Other Phone _____ - _____ - _____

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We will be working on a variety of creative projects with an additional emphasis on art marketing.

Teens asked to bring an example of their work to the first class.

Check as many sessions as applicable:

___ ~ Session 1 (June 15 – 19, 2009) Teen (13-18, 10am-2pm)

___ ~ Session 3 (July 6 – 10, 2009) Teen (13-18, 10am-2pm)

___ ~ Session 5 (August 3 – 7, 2009) Teen (13-18, 10am-2pm)

Cost:

\$175 First Session.....No. of Children ___ x \$175= _____

\$150 Additional Weeks.....No. of add. Weeks ___ x \$150= _____

\$15 Off Sibling Registration..... _____

Total Amount due

\$ _____

Payment information

1. Enclosed is a check made payable to

Filarsky Brown Art Studio LLC

2. Credit Card Payment : MasterCard, Visa, American Express

We will be happy to accept credit card payment over the phone, Call us at 919-528-9703

We encourage early registration (at least two weeks prior to the start of the session).

If you cancel 14 days or more in advance of the start of the session, you will be refunded all money paid minus a \$25 cancellation fee. Sorry but there will be no refunds given after that time as space is limited.

PAYMENT DUE AT TIME OF REGISTRATION!

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Teen Art BootCamps

Medical Form

INFORMATION FOR MEDICAL EMERGENCY

Please fill out a separate form for each child

Student Name _____

DATE ____/____/2009

Emergency Contact #1:

Full Name

Relation to Student

Home Phone _____ - _____ - _____ Mobile/Cell _____ - _____ - _____

Work Phone _____ - _____ - _____ Ext. _____

Other Phone _____ - _____ - _____

Emergency Contact #2:

Full Name

Relation to Student

Home Phone _____ - _____ - _____ Mobile/Cell _____ - _____ - _____

Work Phone _____ - _____ - _____ Ext. _____

Other Phone _____ - _____ - _____

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Student health information:

Physician Name

Physician Phone _____ - _____ - _____

Allergies _____

Medications _____

Special needs list/explain

Release and Consent

I hereby agree to indemnify and hold harmless Filarsky Brown Art Studio LLC and its employees against any and all claims for personal injuries or damages of any kind arising from

participation in an **ArtCraftsForKids** programs. Further, I authorize **Filarsky Brown Art Studio, LLC** staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by **Filarsky Brown Art Studio LLC** staff to contact the emergency contact person in the event of a medical emergency, and I agree to indemnify and hold harmless **Filarsky Brown Art Studio, LLC** personnel in seeking medical care for my child.

_____(initial) I understand that **Filarsky Brown Art Studio, LLC** may be taking photographs during the session for promotional use that may include my child.

Parent/Guardian Signature: _____

Date: / /2009