Artsplace Program Registration Form – http://cheshirect.myrec.com

Please print clearly and return completed form to: Artsplace, 493 West Main Street, BLDG 2, 2nd Floor, Cheshire, CT 06410

Participant Information					
First Name:		Last Name:			
Birth Date:	Gender:	(If Applicable) School: Grade:		Grade:	
Phone:	Type: cell / Home / work	Email:			
Address:		Town:		State: _	Zip:
Emergency Contact Name:		Phone: Type: CELL / HOME /		e: CELL / HOME / WORK	
Medical Information:					
Household Adult 1 🗌 CHECK IF SA	AME AS ABOVE	Household	d Adult 2 🗌 CHEC	K IF SAME AS ABOVE	
Name:		Name:			
Birth Date:	Gender:	Birth Date: Gender:			
Relation to Participant:		Relation to	o Participant:		
Address:		Address: _			
Town:	State: Zip:	Town:		State: _	Zip:
Phone:	Type: cell / Home / Work	Phone: Type: CELL / HOME / WOR			
Phone:	Type: cell / Home / Work	Phone: Type: CELL / HOME / WOR			
Email:		Email:			
Program Name			Day	Time	Fee
Total Resid	lent Fees:	Total Non	-resident Fees:	1	

Please read carefully: Participant must sign below; if participant is under 18 years of age, a parent/guardian signature is required. Release: In consideration of the Town of Cheshire ("Town") allowing me or, if applicable, my child ("Participant") to participate in a program, event or trip ("Activity"), I/we acknowledge that I have read and understand the information given including the purpose and scope of the Activity. I certify that the Participant is in good health and physical condition to participate in the Activity. I understand that Activities have categories of inherent risk and that accidents can occur. Participant must be alert for dangers. Participant may receive first aid by trained staff when necessary. If the Participant requires emergency medical care or emergency transportation, I give permission for Town staff to authorize this care. I hereby Release, Waive and Covenant Not to Sue the Town, its employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Activity. I acknowledge that I will be giving up substantial legal rights by signing this waiver and I acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Photo Policy: During Town Activities, pictures and/or videos may be taken by staff and these may be used for future promotions; to revoke authorization to use pictures and/or videos email recreation@cheshirect.org and include the participant's name and the Activity name.

Participant or	Parent/0	Guardian	Signature:	

Date:

PAYMENT MUST ACCOMPANY REGISTRATION FORM; YOU ARE NOT REGISTERED UNTIL PAYMENT IS RECEIVED

Mastercard Visa Discover Cash

Check # _____ payable to: Artsplace

Refunds: Students who withdraw from a class up to two weeks before the class begins are eligible for a full refund. Up to one week before the first class, students who withdraw are eligible for a refund, less a \$15 registration fee. After that, consideration can only be given with a written medical excuse, or in the case of other extraordinary circumstances.