



**CULTURAL ARTS COUNCIL'S
FINE ARTS CLASSES & WORKSHOPS
2012 PERMISSION & REGISTRATION FORM**

Activity/Class: _____

Dates: _____

Time: _____

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Name of participant: _____

Age: _____ **Sex:** _____ **Date of Birth:** _____

Name of Parent/guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

E-mail Address: _____

In Case of an Emergency, please notify:

Emergency contact: _____

Relationship: _____ **Phone #** _____

I give permission for my child, _____, to participate in the Cultural Arts Council of Douglasville/Douglas County's Art Class.

I will bring and pick up my child promptly to the class.

My child has no physical problems, limitations, or allergic reactions, (except those listed below), that the adult leaders (in charge) should be aware of in terms of my child's participation in the activities.

Please list below any physical limitations, medical needs, or allergic reactions below: _____

Money must be paid at the time of registration

Make checks payable to CAC or pay online at www.artsdouglas.org

Signature of Parent (or Guardian) _____ **Date** _____

Office Use Only:

Amount Paid: \$ _____ **Check #** _____ **Cash:** _____ **Receipt #** _____

Date Paid: _____ **Staff Initials:** _____