



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

Activity/Class: _____

Dates: _____

Time: _____

.....

Name of participant: _____

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

Address: _____

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

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

E-mail Address: _____

In Case of an Emergency, please notify:

Emergency contact: _____

Relationship: _____ **Phone #** _____

I have no physical problems, limitations, or allergic reactions (except those listed below), that the teaching artists should be aware of in terms of my participation in the activities. List below any physical limitations, medical needs, and or allergic reactions, unless noted below:

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

Money must be paid at the time of registration

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Signature _____ **Date** _____

Office Use Only:

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

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