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 info@ocaf.com
 www.ocaf.com

Youth Registration Form

Oconee Cultural Arts Foundation

Instructions — SAVE form to your computer > FILL in form with w/ Adobe Reader > SAVE again > E-mail as attach. to: info@ocaf.com

OCAF Member?: Yes No

Parents Names: _____ Person who will pick up & drop off: _____

Mailing Address: _____ City/State/Zip: _____

Email Address: _____ Phone #1: _____ Phone#2: _____

Emergency contact number: _____

Please list any allergies or medications your child is taking:

I give permission of my child's photograph to be taken for publicity or press releases: Yes No

| | |
|---|--------------------------------|
| Child's Name: _____ Age: _____ | Child's Name: _____ Age: _____ |
| Course Title: _____ | Course Title: _____ |
| Fee: _____ Material Fee: _____ | Fee: _____ Material Fee: _____ |
| Total tuition: _____ Total Material Fee: _____ Total Payment: _____ | |

Full payment of tuition and material fees are due at the time of registration.
 OCAF will refund all fees paid for canceled classes.

Credit Card: Visa Master-card Discover

Card # _____ Expiration Date _____

Child Waiver (under 18)

Please read carefully, complete form and sign the hold harmless agreement state below:

I, (print Name), _____

hereby agree to all polices and conditions stated in this class offering flyer and I further agree to save and hold harmless the Oconee Cultural Arts Foundation, Inc. (OCAF) including all officers, members, of the board of directors, employees of OCAF, contract instructors and OCAF volunteers in the event of personal injury or damages to my child caused by negligence or other acts while participating in any classes. I further release and agree to fully indemnify Oconee Cultural Arts Foundation, Inc. (OCAF) and School Street Studios, including all officers, members of the board of directors and employees of OCAF, contract instructors and OCAF volunteers from liability in the event that damages are awarded against any of the above rising out of injuries to my child. I assume all risks and hazards incidental to the conduct of activities and transportation to and from OCAF.

I understand health, or accident insurance that would cover my medical, hospital or related expenses in the event of injury in this activity is my responsibility. I understand OCAF strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain such insurance before participating in any class or workshop.

 Signature of Parent of Guardian Date

 Name of Child: