



Mount Sterling Community Center
164 East Main Street
Mt. Sterling, Ohio 43143
Phone: (740) 869-2453
www.mountsterlingcc.org

REGISTRATION FOR "Learn to Draw"—6 Week Class for 6th-12th Grades
Saturday, February 1st – March 15th from 9:30am- 12:00noon

Please check to be sure ALL signatures are completed

Parent/Guardian signature needed in FOUR places (each marked with asterisk) ONE witness signature needed (marked with asterisk)

Child's Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Please list any food allergies: _____

Parent/Guardian Name _____

Home Phone _____ Cell _____ Work Phone _____ Email _____

Other Parent/Guardian Name _____

Home Phone _____ Cell _____ Work Phone _____ Email _____

TRANSPORTATION

CHECK ONE BELOW:

My child will be picked up after each class by (Name) _____ Phone _____

My child will walk home after each class

I understand that my child (unless approved as walker for each particular event) must be signed out by parent/guardian or approved adult. Walkers must sign themselves out as they leave and may not leave until the end of each program unless we have specific permission from you for them to leave early.

*Parent/Guardian Signature _____

Permission and Authorization

I _____, the lawful parent and/or guardian of _____

(the "Registrant"), a minor, hereby expressly agree that I am the Registrant will abide by the rules of the Center, its affiliated organizations and sponsors Recognizing the possibility of physical injury associated with the Center programs and activities (the "Programs"), and in consideration of the Center accepting the Registrant to participate in the Programs, I hereby release, discharge and/or otherwise indemnify the Center, its successors and assigns, related companies, insurers, attorneys, directors, officers, employees, agents and independent contractors, including the owners of the facilities utilized for the programs, from any and all claims, whether legal, equitable, administrative or otherwise, whether brought by or on behalf of the Registrant, as a result of the Registrant's participation in the Programs.

*Parent/Guardian Signature _____ Date _____



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Additional Permission and Authorization

Child's Name _____

I hereby grant permission for:

- The staff to take whatever steps may be necessary to obtain emergency medical care as stated on the Emergency Authorization Medical Form. I understand that expenses incurred in obtaining emergency medical treatment are my responsibility.

I understand and expressly agree:

- That the Center is not responsible for anything that may happen as a result of false information given by a parent or guardian
- That the Center will not assume responsibility for any child who has not been signed in on arrival or signed out at departure for the day. The Center expressly denies responsibility for any such child.
- That the staff of the Center are mandated by state law to report any suspected cases of child abuse or neglect to appropriate authorities for investigation.
- That my child will not be allowed to leave the program with an unauthorized person. Any person arriving to pick up my child may be asked to show a photo identification.
- All children (except those with permission to walk) must be signed out by approved adult before they may leave the center.
- All walkers must sign themselves out before they leave the center and may not leave programs early without specific permission from parent/guardian. Permission must be either written and signed OR given over the phone to TWO center staff members.

***Parent/Guardian (Print AND signature)** _____ **Date** _____

MT STERLING COMMUNITY CENTER PHOTO RELEASE FORM

I give the Mt Sterling Community Center, or anyone authorized by the Mt Sterling Community Center, the irrevocable right to use my name, photographs and video clips taken of me in all forms and media, in all manners including purposes relating to advertising, public relations, website, seminar and trade show events, and all general marketing related purposes. These images may be used without any compensation to me. I waive any right to inspect or approve the finished products, including written copy that may be created in connection therewith. All images of me are the sole property of the Mt Sterling Community Center. I am of full age, or I am a minor with consent from a guardian. I have read this release and I am familiar with and am in agreement with its contents.

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____

***SIGNATURE OF PARENT/GUARDIAN IF MINOR:** _____

DATE: _____

***WITNESSED BY:** _____

PHONE: _____ **DATE:** _____



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Additional Permission and Authorization

Child's Name _____

I hereby grant permission for:

- My child to use all of the play equipment (including playground equipment located at park) and participate in all of the activities of the Center.
- The staff to take whatever steps may be necessary to obtain emergency medical care as stated on the Emergency Authorization Medical Form. I understand that expenses incurred in obtaining emergency medical treatment are my responsibility.
- Information about my child and his/her progress in the programs may be shared with public school professionals and other workers at the Center.

I understand and expressly agree:

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- That the Center will not assume responsibility for any child who has not been signed in on arrival or signed out at departure for the day. The Center expressly denies responsibility for any such child.
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DATE: _____

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PHONE: _____ **DATE:** _____