

MARTIN COUNTY ARTS COUNCIL ~ 124 WASHINGTON STREET ~ WILLIAMSTON, NC 27892

MCAC HOURS OF OPERATION: Tuesday – Friday, Noon to 4 p.m. Saturday, 10 a.m. – 2 p.m.

www.martincountyarts.com

KIDS CLAY ONE DAY WORKSHOP

REGISTRATION AND PAYMENT FORM

Student First Name _____ Student Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Email _____

Do you have any allergies to materials that may be used in the class or workshop? _____

If so, please list them _____

Emergency Contact Name _____ Phone _____

Are you a member of the Martin County Arts Council? _____

Class Fee: \$15 Members

\$20 Non-members

Check Enclosed (Make checks payable to the Martin County Arts Council) A \$20 processing fee will be charged for all returned check s.

Waiver of Liability: In consideration for the Martin County Arts Council making programs available to myself or my child, I hereby release the Martin County Arts Council, its employees, volunteers, instructors and agents from any and all liability, cost/expense associated with any injury I or my child may sustain while participating in any of the programs and activities. Furthermore, I hereby hold the Martin County Arts Council, its employees, volunteers, instructors and agents harmless for any damage, loss or claims to my person, child or property. I assume full and all risks and responsibilities on the premises, both known and unknown. In case I cannot be reached in an emergency, I give my permission to the Martin County Arts Council to select proper emergency care and treatment for my child or myself. I understand that payment must be made in full and there will be no refunds of money, either full or partial after the first day of camp/class. I also agree to Martin County Arts Council photographing my child or myself and using it in promotional materials. There will be a \$20 non-refundable processing fee in the event of a refund. Refunds are possible up to one week prior to class on a prorated basis. No refunds 5 days prior to onset of class.

Signature of legal guardian _____ Date _____

With questions or for enrollment information, please contact Glinda Fox during regular hours @ 252-789-8470

Mail registration form and check to:

Martin County Arts Council, PO Box 1134, Williamston, NC 27892