

## **REGISTRATION FORM FOR POTTERY CLASSES @ SQACC**

La Galeria - 1222 Broadway - Toledo, OH 43609 - 419-241-1655 Tuesdays for 8 weeks beginning January 22, 6:00-8:00pm

## PLEASE PRINT LEGIBLY

NAME:					
ADDRESS:					_
CITY:		STATE:		ZIP:	_
<b>EVENING / HO</b>	ME PHONE:				
and / or DAY	/ WORK PHON	E:			
E-MAIL ADDRE	ESS:				
If an e-mail addre	ess is provided, it	will be the primar	y form of commun	nication when possible.	
Classes meet 2	hours on Tuese	days for 8 week	S		
		•		coration; Glazing	
Instructor: Lore	nzo Flores - 419	9-699-9980	e-mail: arts.sq	acc@gmail.com	
If a second day	were opened d	ue to maximum	capacity enrolln	nent, would Wednesda	av evening be a
-	or you? (circle)		,	,	3
FFFO:					
FEES:	T:4: *	Ol**	T1-	Tatal Day was and I	D
<u>Class</u>	Tuition*		<u>Tools</u>	Total Payment I	<u>Jue</u>
	\$138	\$10 \$10	\$12 N/A	\$160	
Returning	\$138	\$10	N/A	\$148	

PLEASE MAKE CHECKS PAYABLE TO SQACC or call 419-241-1655 to pay via Credit Card.

<sup>\*</sup>Tuition cost is \$100, if you live in the 43609 zip code.

<sup>\*\*</sup>Additional clay available for purchase as needed by students; \$10 per 25 lbs.

By signing below, I affirm that I accept the stated terms and conditions for participation in the class, including instructional offerings and class payments. Class fees will be refunded only to those individuals who withdraw prior to the first class session, or if a class section is cancelled due to insufficient enrollment. SIGNATURE: \_\_\_\_\_\_(indicating acceptance of terms) DATE: \_\_\_\_ HOLD HARMLESS AGREEMENT I hereby give my approval to participate in the activity above (registration form attached) at the Sofia Quintero Art and Cultural Center (SQACC). I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I know that participation in said activity may result in serious injuries and protective equipment does not prevent all injuries, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Sofia Quintero Art and Cultural Center Inc., its staff, City of Toledo and all organizations that have a relationship with Sofia Quintero Art and Cultural center Inc. including the organizers, sponsors, participants and persons transporting myself, activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of participants participation for any claim arising out of any injury to myself whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I case of emergency involving myself, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for myself. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participants and participant's parents/guardian, and/or determination of the participant's ability to continue in the program activities. I agree to return upon request the uniforms and/or other equipment/supplies issued to myself in as good as condition as when I received it except for normal wear and tear. No refund on fees, unless otherwise noted. Program and Activity rules and regulation must be followed. I understand that I may be used in photos, cds, and new releases in publications, websites and marketing mediums at SOACC. Date: Participants Name: Guardian Name (if applicable):

Mail or hand deliver this completed registration form along with your payment to the Sofia Quintero Arts and Cultural Center at the address noted above. Must be received one week before classes begin. You are welcome to e-mail/call the instructors between the due date and the start of class to determine if any vacancies are available.

Participant/Guardian Signature: