## tim duncan pottery

## clay cLASSES summer 2025

# REGISTRATION FORM (page 1 of 2)

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| --- |
| (Please type or print) |
| Today’s date: |  |
| STUDENT INFORMATION |
| Student’s last name:  | First: | Middle: |
|  |  |
| Birth date: | Age: | Sex: |
|  / / |  | [ ]  M | [ ]  F |
| Street address: | Home phone number: |
|  | ( ) |
| P.O. box: | City: | State: | ZIP Code: |
|  |  |  |  |
| Parent / Legal Guardian: | Parent / Legal Guardian: |
|  |  |
| Home phone: | Home phone: |
| Daytime phone: | Daytime phone: |
| Cell phone: | Cell phone: |
| Email: | Email: |
|  |  |
| Emergency INFORMATION |
| (Please type or print) |
| In case of emergency, and in the event parents or guardians cannot be reached, please list additional people we can contact: |
| Contact: | Relationship to student: | Phone: |
| Contact: | Relationship to student: | Phone: |
| Contact: | Relationship to student: | Phone: |
|  |
| Please list all individuals, other than parents or guardians, who may pick-up your child: |
| Contact: | Relationship to student: | Phone: |
| Contact: | Relationship to student: | Phone: |
| Contact: | Relationship to student: | Phone: |
|  |
| Health Care Provider: | Phone number: |
|  |  |
| Dentist: | Phone number: |
|  |  |
| Allergies: |
| Medical Concerns: |
| Medications: |
| REGISTRATION FORM (page 2 of 2) |
| [ ]  **Medical Release and Release of Liability:** I authorize class staff to provide basic first aid or to call additional medical care on my child’s behalf in the event of an emergency and if I cannot be reached or when a delay would be dangerous to my child’s health. I further agree to release class staff from any liability connected with my child’s participation in the 2025 summer program. [ ]  **Class Field Trips:** I authorize class staff to take my child on field trips which may range from a walk in the immediate vicinity of the studio, to a short visit to an art museum in Williamstown.[ ]  **Photo release:** I authorize class staff to photograph my child while participating in class activities. I understand that these photos will be available to me and may also be used in local press releases, class website, and class publications.[ ]  **Swimming Field Trips:** I authorize the class staff driver to take my child to and from the Margaret Lindley Park for the purposes of a picnic lunch and swimming (approximately one hour total). These trips will depend on weather conditions and may not happen or happen all five days. I understand that if my child needs a booster seat, I am responsible for providing one. Patient/Guardian signature: Date: |
| For all class and swim participantsPlease check the box that best describes your child’s swimming ability: [ ]  No swimming experience [ ]  Comfortable in water with floatation device[ ]  Can float around and “dog paddle” [ ]  Can swim around and go underwater[ ]  Knows some basic swim strokes [ ]  Advanced knowledge of swim strokes  |
| Please describe your child’s learning styles and needs- How can we best enable your child to succeed? |
| All class sessions are five days- Monday through Friday. Mon- Fri 9am- 3pm, Fri 9am- 1pm.Check the session(s) you wish to attend:[ ]  Session One June 30th- July 4th- $385 [ ]  Session Two July 7th- July11th - $385[ ]  Session Three July 14th- July 18th - $385 [ ]  Session Four July 21st- July 25th - $385[ ]  Session Five July 28th – August 1st - $385 [ ]  Session Six August 4th– August 8th - $385[ ]  Session Seven August 11th– August 15th - $385  |
|  Please make checks payable to **“Tim Duncan” or “Tim Duncan Pottery”**Please mail to: Tim Duncan 534 Cold Spring Road Williamstown, MA 01267 |
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