## tim duncan pottery

## clay cLASSES summer 2025

# REGISTRATION FORM (page 1 of 2)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (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 participants  Please 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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