

COMMUNITY ART PROGRAM



REGISTRATION

1. Call 731-661-5076 for class specifics and space availability.
2. Choose a payment method:
To pay by check make check out to:
Union University For: Community Art Program
To pay by credit card use the form provided.
3. Mail Registration, Permission Slip & Payment to:
Debra Tayloe, Dept. of Art
Union University
1050 Union University Dr.
Jackson, TN 38305

Student's Name

Parent's Email

School Attending

Age

Grade

Class Title

Date

Day

Time

Mailing Address

City

State

Zip

Parent's Names

Home Phone

Cell Phone

Work Phone

Emergency Contact & Phone

Payment Method: (Circle One)

Check

Visa

Discover

\$ _____
Amount

Card Number

Name as it appears on card

Card Expiration Date

PERMISSION & MEDICAL RELEASE FORM

I give permission for my child, _____, to participate in the Union University Department of Art Community Art Program classes at Union University. In the unlikely event of an emergency, I give my permission for my child to be treated by an accredited physician or dentist in an approved emergency clinic or hospital. I further agree to release, hold harmless, indemnify and defend Union University; its officers and leadership; the Director of Community Art; and all Community Art instructors and assistants; from any and all liability which may result from my child's participation in this event. The parents or guardians understand that they are signing for the minor listed on the registration form and the signature is for both a medical and liability release.

Parent/Guardian Signature

Date

My child is allergic to the following drugs: _____

Any other allergies or conditions we should know about _____

Refund Policy: Upon receipt of your payment and registration you will be enrolled. If the class of your choice is cancelled due to lack of enrollment you will receive a full refund. No refunds will be granted after one week prior to class beginning date.