



PO Box 1819, Crested Butte, CO 81224 (970)-349-7487 [www.crestedbuttearts.org](http://www.crestedbuttearts.org)

### Center for the Arts 2010 Summer Workshop Registration

Student's name \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Telephone (local) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ (Upcoming school year, Fall 2010)  
Parent/Guardian Name (if under 18) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

#### Please Choose Which Workshop(s) You Are Registering For:

- \_\_\_\_\_ **Alpenglow Youth Workshops: FREE!**  
June 28: Sambadende \_\_\_\_\_ August 2: Brad Lee Schroeder \_\_\_\_\_
- \_\_\_\_\_ **Adult Beading with Kim Frayer, June 29: 6-8pm in the Piper Gallery \$30**
- \_\_\_\_\_ **Plein Air Watercolor Workshop with Meredith Nemirov, August 6, 7, & 8**  
**1 day: \$80 2 days: 150 3 days: \$225**  
1 day: \_\_\_\_\_ Fri Sat Sun 2 day: \_\_\_\_\_ Fri/Sat Sat/Sun Fri/Sun 3 day: \_\_\_\_\_  
(Please circle your day preference)
- \_\_\_\_\_ **Kids Art Camp with Rebecca Weil, August 16-20: \$150 (all materials included)**  
Session 1 (rising grades 1-3) \_\_\_\_\_ Session 2 (grades 4-6) \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL AMOUNT DUE**

#### Payment is required upon registration

- \_\_\_\_\_ My check is enclosed. Please make checks payable to the Center for the Arts.  
\_\_\_\_\_ Please charge my VISA or MASTERCARD

CARD NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

Mail all registration information to PO Box 1819, Crested Butte, CO 81224 or FAX to (970)349-5626.

Registrant will receive a confirmation phone with a list of personal items needed for each workshop.

PLEASE INCLUDE THIS FORM WITH REGISTRATION AND PAYMENT!

**Medical Release Information**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescribed Medicine: \_\_\_\_\_

Allergies (include food, medicine, animals, insect stings, etc.)

Any other health problems that the Center Staff should know about:

**Emergency Authorization:** I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse or hospital in the event of an injury or illness. On the behalf of the above student, I understand and recognize the inherent risks with arts workshops and hereby waive any liability for injuries sustained at these events. I agree to indemnify and hold harmless the Center for the Arts, any faculty member, any employee or any instructors under contractual obligation with the Center, for all liabilities, costs, and judgments arising from acts or omissions committed, which result in injury or damage to any person or property. I also hereby accept legal and financial responsibility for the above student in the event of injury or illness.

**Student or Parent/Guardian Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Photo Authorization**

\_\_\_\_ Yes, I agree to let the Center for the Arts use a photo/s of myself/my child for promotional use (names, address, etc. will not be released).

\_\_\_\_ No, the Center for the Arts may not use a photo/s for promotional use.

Student/Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_