

# Edwardsville Arts Center

## Registration Form

For more information 618.655.0337

Please mail registration form with payment to:

EAC: Class Registration, 310 Hillsboro Ave, Edwardsville IL 62025

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Student Name	Age	Grade	Parent's Name (for children under 18)
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Student Address	City	Zip
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Home phone number	Cell phone number	Work phone number
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Email Address

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Emergency Contact Number	Relationship to Student	Phone
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Class Title	Instructor	Dates	Fee Enclosed
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Registration is complete upon payment for the course. Class minimum is five students. In the event EAC cancels or changes the scheduled time of a course, a full refund will be offered to registered students. If a student withdraws at least 7 days before the beginning of the session, tuition will be refunded, minus a \$10 processing fee. Sorry, no exceptions to this policy.

**AGREEMENT AND AUTHORIZATION:**

I hereby agree and consent that the Edwardsville Arts Center may photograph myself and/or my child while participating in Edwardsville Arts Center activities and that the Edwardsville Arts Center may use said photographs for promotional activities without compensation.

I agree to indemnify and hold harmless EAC, its employees and agents from and against any claims for personal injuries or damages of any kind arising from participation in an EAC program.

I authorize EAC employees and agents to seek emergency medical help if necessary. I realize EAC staff will make every effort to contact me in the event of a medical emergency involving my child and I agree to indemnify and hold harmless EAC employees and agents in seeking medical care for my child.

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Signature (Self, Parent or Legal Guardian)

Date