

TEEN 12 & up registration

child's name _____

age _____ birthday _____

parent's name _____

address _____

phone(H) _____ (W) _____

(cell) _____

(e-mail) _____

please list any allergies your child has _____

evening classes

ages 12 and up

__mon. 5:30 - 7:00

__wed.. 5:30 - 7:00

theArtroom

fill out registration
and release form
completely and mail
with session fee to
theArtroom
30 main street
village shopping center
topsfield, MA 01983

 8 weeks \$220.00
(\$5.00 sibling discount)

theArtroom, LLC
30 main street
village shopping center
topsfield, MA 01983
978.887.8809

theartroomstudio.com

Check out our BLOG:
theartroomstudio.blogspot.com

teen classes are offered for ages 12 and up

\$220.00 per 8 week session

one makeup class allowed per session

all materials and supplies included

children may bring a small snack(optional)

(no nuts/peanuts please)

call 978.887.8809 for more information

**please register early
classes fill up quickly!**

theArtRoom Enrollment Agreement

I _____, give my permission for my child _____, to participate in all ArtRoom activities. As guardian and or parent, I take full responsibility for my child's arrival and departure to and from the ArtRoom, located at the Topsfield Village Shopping Center at 30 Main Street, Topsfield, Massachusetts. I understand that the ArtRoom shall bear no responsibility for the means by which my child arrives at or departs for the ArtRoom. I waive all rights to any legal action against the ArtRoom or it's instructors in the event of injury, damages, loss of personal property not caused by or resulting from the negligence of the owner or operators, employees or persons in charge of the ArtRoom.

Signature of parent and/or guardian

Date

**theArtRoom Photography Release/
Parental Consent**

I consent to and authorize the use and reproduction by the ArtRoom or anyone authorized by the ArtRoom of any and all photographs that have been taken of my child/children without compensation to me. All negatives and positives, together with the prints are owned by the ArtRoom. The ArtRoom reserves the right to use these photographs in any of its print or electronic publications.

I hereby acknowledge that I have read and understood the terms of this release.

Child's name (please print)

Signature of parent and/or guardian

Date
