

**YWCA of High Point**  
**Studio Art Registration Form: Pottery Explorations:2017**

*PLEASE PRINT ALL INFORMATION*

Student's NAME \_\_\_\_\_ AGE \_\_\_\_\_ Grade \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ GENDER \_\_\_MALE \_\_\_FEMALE ETHNICITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Emergency Contact Information:**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Medical Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

Are you currently a YWCA member? \_\_\_\_\_ YES \_\_\_\_\_ NO

Attending After School Care at the YWCA? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Liability Release:**

I hereby assume all risks associated with my/my child's participation in ywca programs and agree to hold harmless the ywca, its employees, agents, representatives and volunteers from any and all liability action, causes of action claims, the terms hereof shall serve as an assumption of risk for my heirs, estate, executor, administration, assignees, and all members of my family.

Parent or Guardian if under 17 \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release:**

I agree and consent to the use of photographs likenesses of me/my children participating in the YWCA programs for publicity and promotional purposes by the YWCA.

Parent or Guardian if under 17 \_\_\_\_\_ Date \_\_\_\_\_

**Grades 3<sup>rd</sup>-5<sup>th</sup> April 5<sup>th</sup> - May 10<sup>th</sup> - Wednesdays from 4:00-5:30**

**Grades 6<sup>th</sup>-8<sup>th</sup> April 27<sup>th</sup> - June 1<sup>st</sup> - Thursdays from 4:00-5:30**

Class size is limited 10 each. Class includes all supplies, clay, glazes and firing fees.