

Community School of the Arts
A Partnership between ArtsEast and Eastern Oregon University

REGISTRATION FORM (Use a Separate Form for Each Student)

Name: _____ Phone Number: _____

Address: _____

Male Female School _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Email Address: _____

Emergency Contacts:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Class: Union County Children's Choir

FEE: \$65 (Fall Quarter, September – December) \$125 (September – April)

Check (Payable to ArtsEast) Cash

LIABILITY RELEASE – In consideration of accepting the above named participant in our program, the undersigned individual, parent or guardian hereby agrees to indemnify and keep harmless, the Community School for the Arts program, ArtsEast and Eastern Oregon University and their employees against any all liability claims, judgments, or damage arising as a result of participation in our program, or as a result of any course of instruction or supervision given the participant those entities listed above. Furthermore, said entities are not responsible for the supervision of participant either before or after regularly scheduled class time.

Parent/Guardian Signature

Date

PHOTO RELEASE – I hereby grant the Community School for the Arts/ArtsEast and its employees and Agents (local/regional newspapers and other organizations) the right to photograph my child and use the photo for publication purposes only. The photos may be used in ArtsEast publications that are designed to promote ArtsEast's services (brochures, newsletter, website, etc.) and/or other agency publications. All pictures used will be anonymous to maintain privacy.

I grant permission to ArtsEast to photograph my child.

Select this box if you do not grant permission.

Signature: _____ Date: _____