

THE NECESSARIES

REQUIRES SIGNATURE(S), AND MUST BE RETURNED WITH THE REGISTRATION FORM.

QUESTIONS? 513.561.2872, info@esartcenter.net

The East Side Center of the Arts office hours are Monday through Thursday, 10 am - 5 pm. Please note days/hours may vary.

NOTIFICATION OF CLASS ENROLLMENT

Good news is NO news! Unless you hear from us, go to class! Registration is open until class begins, Please register early, you will be notified if a waiting list has been started. Remember our space is limited.

OPEN STUDIO PARTICIPATION

Open studio will require a commitment for attendance, should you need to cancel your attendance, a 24 hour notice must be given so your place can be filled. The abuse of this policy will result in the required payment of missed sessions and your attendance permissions will be discontinued until payment is received.

Since open studio will usually involve a model with limited or no clothing this will be strictly for adults and high school, junior/senior level students who have given the Open studio registration will require a commitment for attendance and a 24 hour notice must be given to the Center so your place can be filled. written parental permission.

R _____
REQUIRED SIGNATURE: PARTICIPANT/PARENT/GUARDIAN DATE

MAIL, FAX OR DROP OFF COMPLETED FORM:

PO. Box 44096
Cincinnati, OH 45244-0096

6923 Main Street
Village of Newtown, OH 45244

Fax:
513.561.0270

LIABILITY, MEDICAL, & PUBLICITY RELEASE

I, the participant or the parent/guardian of the above named participant, understand the possibility of injuries resulting from the activities listed above sponsored by the East Side Center of the Arts. I hereby release, absolve, indemnify and hold harmless the East Side Center of the Arts and it's directors, employees, visiting artist and agents. I understand there is no insurance coverage provided by the East Side Center of the Arts for participants and that such coverage constitutes a responsibility of the participant and/or the undersigned. I hereby consent to emergency medical treatment of participant to ensure prompt treatment, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I understand that attendance in Open Studio will require the written permission of parent/guardian of any high school student, and will not hold the East Side Center for the Arts responsible for any written permissions that may be forgeries or un-truths. Attempts, time permitting, to contact the parent/guardian for verbal confirmation will be made, but this is considered a courtesy and not a standard function of the East Side Center of the Arts and it's directors, employees, visiting artist and agents. I consent and authorize the East Side Center of the Arts to take participant's photograph for education and publicity purposes. Payment of fees and participation in program shall constitute acceptance of this liability, medical and publicity release.

Please notify staff before class starts if you or your child has special needs.

R _____
REQUIRED SIGNATURE: PARTICIPANT/PARENT/GUARDIAN DATE

EMERGENCY CONTACT NAME AND PHONE NUMBER

EAST SIDE
CENTER FOR THE
ARTS



A SPECIAL PLACE FOR
PROFESSIONALS, STUDENTS AND
LOVERS OF THE CREATIVE ARTS.

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