

## Budding Artist Club

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 CURRENT GRADE \_\_\_\_\_ SEX \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ CELL PROVIDER FOR TEXT ALERTS \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 EMERGENCY CONTACT \_\_\_\_\_ RELATION \_\_\_\_\_ PHONE \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_ PARENT'S BIRTHDATE \_\_\_\_\_

- **Forms and fees need to be returned two days prior to class to the Parks and Recreation Department at 112 South Thompson Avenue, Excelsior Springs MO 64024. Pre-Registration is required. No Walk Ins will be allowed.**
- For more information, please call the Parks and Recreation Department at 816-630-1040 or visit the website at [www.esparks.org](http://www.esparks.org); or contact Molly Roberts at 816-929-1798 or [mollyrobertsstudio.com](http://mollyrobertsstudio.com).
- **Fees are \$25.00 per class** (all materials & instruction included).
- Class will be held at **Molly Roberts Studio** at **200 South Marietta Street**, Excelsior Springs MO
- **Class is open to ages 6-16.**
- Classes will be held on Wednesdays from **6:00 to 8:00 pm.**

		
_____ <b>Sept 3<sup>rd</sup> (Lighthouse)</b>	_____ <b>Sept 10<sup>th</sup> (Treehouse)</b>	_____ <b>Sept 17<sup>th</sup> (Fall Trees)</b>
		
_____ <b>Oct 1<sup>st</sup> (Jack-O-Lantern)</b>	_____ <b>Oct 8<sup>th</sup> (In The Desert)</b>	_____ <b>Oct 15<sup>th</sup> (On The Farm)</b>

I, \_\_\_\_\_ (participants name), have enrolled in a program offered by a contracted instructor of the Excelsior Springs Parks and Recreation Department. In consideration of my participation in this program by the contracted instructor of the Excelsior Springs Parks and Recreation, I \_\_\_\_\_ (parent/ guardian name), hereby release the contracted instructor from any claims, demands and cause of action arising from my participation in this program, or any other activity on the premises of 112 S. Thompson Avenue, Excelsior Springs, MO or instructor's studio. I, the undersigned, agree to relieve the City of Excelsior Springs, Missouri, Parks and Recreation Department, or any cooperating persons or agencies of any liability in case of accident or injury in connection with me taking part in this program. I hereby affirm that I have read and fully understand the above statement.

\_\_\_\_\_ Parent/ Guardian signature \_\_\_\_\_ Date