

THE WESTPORT ART GROUP

Location: 1740 Main Road, Westport Point, MA 02791

Mailing Address: P.O. Box 157, Westport Point, MA 02791

www.westportartgroup.com, info@westportartgroup.com, (508) 636-2114

Youth Workshop Registration Form

Name of Workshop _____

Student Name _____ Age _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Name of Parent or Guardian _____

Daytime Phone _____ Cell _____

Email _____

List any adults other than parent/guardian who are permitted to pick up your child from the Westport Arts Group center:

1. _____ Relationship _____

2. _____ Relationship _____

Emergency contact:

Name _____ Relationship _____

Phone # _____

Does your child have any special needs or allergies (food, insects, materials) we should be aware of? Please describe: _____

Release and Waiver of Liability Agreement

I, _____ parent/guardian
of _____ agree not to hold the
Westport Art Group or any of its employees/interns liable for any injuries incurred
during class or on the premises.

Permission to be Photographed or Filmed

I accept that photographs may be taken during the course of the class/camp, which
are taken specifically to be included in the children’s take-home materials and will
not be released in any other way without parental authorization. In addition to the
above (please complete your choice):

give permission for my permission for my son/daughter _____
to be photographed or filmed by the Westport Art Group (WAG) and/or the press
(television, magazines, newspapers, social media) for the purpose of highlighting
WAG activities. I understand that such photographs or films may be used by the
Westport Art Group in newsletters, magazines, brochures, its website, press
releases and social media, or by the media for publication and use.

OR

do not give permission for my permission for my son/daughter _____
to be photographed or filmed by the Westport Art Group (WAG) and/or the press
(television, magazines, newspapers, social media) for the purpose of highlighting
WAG activities. I understand that such photographs or films may be used by the
Westport Art Group in newsletters, magazines, brochures, its website, press
releases and social media, or by the media for publication and use.

Signed _____ Date _____ Parent/Guardian

Fee enclosed: _____ \$30. *Scholarships are available. Please inquire.*

*Please make checks payable to The Westport Art Group. Mail to Westport Art Group
PO Box 157, Westport Point, MA 02791*

For The Westport Art Group Use SEP

Date Received _____ Paid _____ Copy _____