



M A R I E T T A / C O B B M U S E U M O F A R T

Adult Class
REGISTRATION FORM

Please complete BOTH sides of this form for you (or your child if student is under 18) and mail to the Marietta/Cobb Museum of Art. You may photocopy this form or call the museum to request additional copies.

Student's Full Name: _____ Student's Birth Date: _____

Mailing Address: _____

Zip Code: _____ Email: _____

If Under 18:
Guardian's Name : _____ Home #: _____ Cell #: _____

Classes:

Landscape/Plein Air: \$135/\$150 member _____ Non-Member _____

Beginning/Intermediate Panting: \$135/\$150 member _____ Non-Member _____

Pottery for All:

6 week class pack: *\$135/ \$150 member _____ Non-Member _____

3 week class pack: *\$75/ \$85 member _____ Non-Member _____
*Plus \$20 Supply Fee

PLEASE RETURN REGISTRATION FORM WITH APPROPRIATE FEE. REGISTRATIONS ARE INCOMPLETE UNTIL WE RECEIVE ALL PAPERWORK AND FEES. CLASSES ARE FILLED ON FIRST COME, FIRST SERVED BASIS...MCMA WILL NOT "HOLD SPOTS."

Payment Information:

Check number _____ is enclosed in the amount of _____ to cover the cost of _____ Sessions.

MCMA is authorized to charge my Master Card or Visa (circle one) in the amount of _____ to cover the cost of _____ Sessions class. Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Remit form and payment to: Marietta/Cobb Museum of Art: 30 Atlanta Street, Marietta, GA 30060

Please note that refunds will only be given if a student notifies the museum five (5) days before the class session begins. This refund will be minus a \$25.00 processing fee.

Students under 18 must have additional Permission and Waiver form completed by legal guardian.

PERMISSION AND WAIVER

PARENTS: Please read and initial all statements listed below.

1. I hereby give permission for my child _____ to participate in all activities for the Youth Art Classes being held at the Marietta/Cobb Museum of Art. _____ (Initial).
2. ALL DAY SESSIONS ONLY: I hereby give permission for my child _____ to leave the Marietta/Cobb Museum of Art building for lunch and/or art projects under the supervision and accompaniment of the Art Class instructor and staff. _____ (Initial).
3. I hereby release and hold harmless the Marietta/Cobb Museum of Art, its staff, its representatives and/or agents from all liabilities and any mishaps that may befall my child _____ including, but not limited to, the activities in the classroom and/or outside the museum Art Class facility. _____ (Initial).

I hereby acknowledge that I have read, understand and agree with all of the above statements that are relative to my child. Signed and dated this the _____ day of _____ 2009.

Parent Signature

Printed Name as Signed Above

HEALTH AND MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone: _____

In case of Emergency, contact: _____ Relationship: _____

Emergency Phone Numbers: home: _____ cell: _____

Do you/ your child have any health/medical conditions that could affect participation in Art Classes? If yes, please describe below:

Please specify any special needs that you/ your child might have (i.e. Medication, handicap, etc.) while attending MCMA Art Classes:

