



Protecting a Legacy; Promoting the Arts

10 S. College Ave, Oxford, Ohio 45056
513-524-8506 info@oxarts.org

REGISTRATION FORM

Class or classes you wish to attend _____ Fee: _____

Class Instructor: _____

Student Name _____ Age _____ Grade _____

Address _____

City _____ 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 Arts Center:

Name: _____ relationship: _____

Additional emergency contact:

Name: _____ relationship: _____

Phone# _____

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

I, _____ parent/guardian of _____

agree not to hold the Oxford Community Arts Center or any of its employees/interns liable for any injuries incurred during class or on the premises.

Signature: _____ Date: _____

I [agree][do not agree] to allow my child to be photographed while taking part in the OCAC programs. With my signature I understand that these photos will be used solely for publicity and grant reporting purposes for the Arts Center and its promotional materials for programming, this may include print and web based materials.

Signature: _____

2010-11

For Oxford Community Arts Center purposes:

Date rec'd _____ time _____ paid _____ rec'd by _____