



239-395-0900 | [www.BIGARTS.org](http://www.BIGARTS.org) | [info@bigarts.org](mailto:info@bigarts.org)

### **BIG ARTS YOUTH EDUCATION 2024/2025**

#### **Registration Form** for students ages 18 and under.

**Note:** Payments for youth registrations will only be taken with a completed and signed ROL and registration form.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Grade in the Fall 2024: \_\_\_\_\_

Class Title & Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

List one other person authorized to pick up your child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

- **Drop off procedure:**

Day of class parents/guardians will drop off their child no earlier than 15-minutes prior to the start of class. Parents/guardians will walk their child to the classroom and sign next to their child's name on the drop off roster.

- **Pick up procedure:**

Parents/guardians will pick up students promptly at the end of class in the same classroom and sign next to their child's name on the roster.

**Note:** Please be on time, we do not have the facilities or personnel to care for your child's safety before or after the scheduled time of class.

*If a parent or guardian (on this form) cannot pick up your child, please provide advanced signed written permission for the release of your child to another adult's custody.*

*Also, please provide signed written permission for the release of your child if she/he is to be allowed to walk or bike home from BIG ARTS.*

- **Media Release:**

Photographs and video taken for BIG ARTS programs and have parental and/or guardian approval with completed Registration Form. \_\_\_ Yes \_\_\_ No

- **BIG ARTS Cancellation/Attendance Policy:**

*Cancellations made more than one week (7-days) prior to the start of class will receive an 80% refund. - OR- funds may be applied as credit to your BIG ARTS account.*

*Registration fees are non-refundable and non-transferable for cancellations made less than one-week (7-days) prior to the start of the class.*

*Cancellations made the day of class (If your child is going to be absent the day of class) there are no refunds.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

email the completed registration/ROL forms to: [info@bigarts.org](mailto:info@bigarts.org) -or- visit the box office in person at: 900 Dunlop Road, Sanibel



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**BIG ARTS YOUTH EDUCATION 2024/2025**

**Release of Liability and Assumption of Risk Disclaimer**

In consideration of receiving permission from BIG ARTS to use any of its equipment, facilities or engage in any instruction or observation (“Activity”) whether such Activity is organized by BIG ARTS or not, the undersigned User, for myself, my personal representatives, heirs and assigns, acknowledge that I understand the nature of the Activity engaged in and that I am qualified in good health, and in proper physical condition to participate in the Activity. I fully understand that the Art Activity offered is age-appropriate for my child to attend. The activity may involve risks and dangers of bodily injury, whether caused by the students’ actions, the actions of others, the physical conditions of the facility in which the Activity takes place, or the negligence, action or inaction of the Releasees named below. I further understand that in the event of injury, all costs incurred therein must be paid by my personal insurance company or me, provided, however, that the foregoing shall not be construed as a waiver on my part of any rights to seek damages from any Releasee. With this knowledge, I hereby release, discharge and hold harmless BIG ARTS, its directors, officers, employees, agents, lessors, volunteers, other participants, contractors and subcontractors, and all others (the Releasees) from any and all claims or causes of action, both known and unknown, arising out of any omission, action or inaction on my part, including rescue operations; and I further agree to indemnify and hold harmless each of the Releasees from any loss, liability, damages, costs, or expenses which such Releasee may incur as the result of such claim resulting from any such omission, action or inaction on my part .

By signing below, I indicate that I have read this agreement, fully understand its terms, and understand that I have given up substantial rights by signing it; that I have signed it freely; and that I intend it to be a complete and unconditional release of all liability to the extent described herein and allowed by law and agree that should any portion of this agreement be held invalid, the balance shall continue to be in full force and effect.

If the Participant is a minor, this agreement has been signed by the Parent or Legal Guardian, who represents that they have the ability to give this waiver on behalf of the minor child, and that the child meets the physical and age requirements of the Activity.

**By signing below, I indicate that I have read the youth education policy and ROL, and fully understand its terms.**

\_\_\_\_\_  
Childs Name:

\_\_\_\_\_  
Parent/Name (please print)

\_\_\_\_\_  
Parent Signature for minor

\_\_\_\_\_  
Date:

**Emergency communication:**

- If you need to contact your child during a program session, please call the box office **call 239-395-0900**
- For your child’s protection in the case of any medical issues, parents are always notified via cell phone, and, in emergency 911. It is important we have primary and secondary emergency cell numbers for your child.

Emergency Contact: (other than parent) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Can your child have food shared by other students or parents? \_\_\_ Yes \_\_\_ No