



Budding Artist Club



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

- Forms & fees need to be returned 2 days prior to class to the Parks and Recreation Dept. at 500 Tiger Dr. Excelsior Springs, MO 64024. Pre-Registration is required. **Absolutely No Walk Ins will be allowed.** (So the instructor has time to prepare supplies and set up for classes.)
- For more information, please call the Parks and Recreation Department at 816-630-1040 or visit the website at www.esparks.org for online registration, or contact Molly Roberts at 816-929-1798 or mollyrobertsstudio.com.
- **Fees are \$25.00 per class** (all materials & instruction included). Class is open to children currently in kindergarten – 16 yrs.
- **Class will be held at Molly Roberts Studio's at 109 E. Broadway Ave., Excelsior Springs, MO. from 6:00 to 8:00 pm on Wednesdays.** (Class is not over until 8:00 pm, no early pickups – this disrupts the painters during the last few minutes of instruction.)
- **Please call Molly at the studio or the Parks & Recreation office if your child is unable to attend class. A \$5 supply fee will be charged for all painters that don't show up to class without calling prior to 5pm on the day of class.** (This fee is charged to cover paint that has to be thrown away.)

			
_____ July 5 – Fox Friends	_____ July 12 – Mom's Nest	_____ July 19 - Nessie	_____ July 26 – Tree Houses

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 500 Tiger Drive, 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 _____