

2020-2021 YOUTH BEGINNING CREATIVE PAINTING

Name	AGE	DATE OF BIRTH
		YES___ No___
Parent's Name	Telephone home work cell	TEXT

Address	City	Zip
---------	------	-----

Email Address	Grade Entering
---------------	----------------

Paid	\$ 40.00 PER MONTH (payment due with form)	Receipt No.
	\$10.00 Registration(payment due with form)	

Payable to: Brookhaven Recreation Department

Boys and girls –Grade 1st – 6th Beginning in September 15th & 16th

Classes at north end of Depot

_____	1 st -3 rd graders	Tuesday Sept. 15th	3:30 – 4:30
_____	4 th -6 th graders	Wednesday Sept 16th	3:30 – 4:30

Monthly Fee - \$40.00

Supply fee - \$15.00 per month payable to Debbie Keene
(payment due with form)

Instructor - Debbie Keene 601-669-4342

Class size limited.

RELEASE FORM, PHOTO AGREEMENT, PAYMENT AGREEMENT

I _____, AM THE NATURAL PARENT AND/OR GUARDIAN OF THE
PARENT
MINOR CHILD _____ WHOSE BIRTHDAY IS _____ BY VIRTUE OF AND
IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS DEPARTMENT OF RECREATION
ALLOWING TO PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

Art

I DO HEREBY, RELEASE SAID CITY AND DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY
HARM OR INJURY, (OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH MAY
EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL
ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID CITY AND DEPARTMENT.

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FROM ANY BODILY
INJURY I MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT
RECREATIONAL ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS. THE RECREATION DEPT. HAS PERMISSION TO USE ANY PHOTOGRAPHY TAKEN
DURING THE CLASSES FOR PUBLICITY PURPOSES. I AGREE TO PAY MONTHLY TUITION UNTIL
I HAVE NOTIFY THE RECREATION DEPT. IN WRITING. I HAVE READ AND AGREE TO THE
BROOKHAVEN RECREATION DEPARTMENT POLICY THAT IS ATTACHED.

SIGNED _____ DATE _____