**Dates and themes:**

**Payment Options**

**Weekly: $100**

**5 Week program paid in full: $375**

**❑ Cash ❑ Check (“The Artist’s Lounge”)**

**❑ PayPal (jessi@theartistslounge.rg**

**❑ Venmo (@TheArtistsLoungeByJessi)**

**\*\*A deposit equal to one week’s payment is due upon registering.**

**❑** July 5th – July 8th (Good Ole USA)

**❑** July 12th – July 15th (South of the Border)

**❑** July 19th – July 22nd (European Vacation)

**❑** July 26th – July 29th (The Orient)

**❑** August 2nd – August 5th (Going Rogue)

**\*Please select the week(s) your child will be joining us**

|  |  |
| --- | --- |
| **Participant’s Name:** | **Parent or Parent’s Name(s):** |
| **Participant’s Gender** | **Participant’s Date of Birth:** |
| **Street Address:** | **City/State: ZIP:** |
| **Phone #:** | **Email:** |
| **Emergency Contact 1 Name and Phone:** | **Emergency Contact 2 Name and Phone:** |

**Health History:** Check all conditions applicable and attach any extra information that we need to know.

❑ Asthma ❑ Fainting ❑ Heart Disorder ❑ Chronic Cough ❑ Convulsions ❑ Frequent Strep Throat ❑ Seasonal Allergies ❑ Wheezing ❑ Diabetes ❑ Food allergies (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Read Carefully**

1. I understand that no refund or adjustments are granted for illness or vacation.

2. I understand that The Artist’s Lounge does not administer over the counter medication.

3. This application is made with the express understanding that The Artist’s Lounge is not responsible for any sickness or injury that the applicant may receive while in attendance at The Artist’s Lounge.

4. I understand that The Artist’s Lounge may require extra processionary steps above regulations set by the CDC to ensure the safety of the youth joining the program concerning the spread of COVID-19.

5. I do \_\_\_\_ (initals) or do not\_\_\_\_(initals) give my permission for photographs taken of my children during summer programs and activities to be used in promotional material.

6. I do \_\_\_\_ (initals) or do not\_\_\_\_(initals) give permission for my child to take localized walks with the class and instructor for purposes of lessons.

7. I understand that since this program is limited to participants and by registering, I am agreeing that if for any reason, my child will not be attending a class, I will inform the instructors.

**Parent or Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_