



SUMMER OF ART REGISTRATION INFORMATION

Sponsored by the Gilroy Arts Alliance
Gilroy Center for the Arts, 7341 Monterey Street, Gilroy, CA 95020

Thank you for registering your child/children for the 2017 Summer of Art Classes.

Please read this form carefully before submitting your registration forms.

CHANGES TO THIS YEAR'S CLASSES

- Beginning this year, **there will be a fee** per child, per class, as noted on the registration form.
- **We will no longer be taking registration forms the first day of class.** All forms/payment must be received at the Center by Tuesday, June 13.
- We understand the class fees may be challenging for some families, so **we are offering scholarships** to make sure everyone has the chance to benefit from the classes. Scholarship forms can be picked up at the Center, or downloaded from our website. All applications are confidential. **PLEASE NOTE: DEADLINE FOR SUBMITTING SCHOLARSHIP APPLICATIONS IS TUESDAY, JUNE 13**
- We welcome back 152 West Productions for our Video Class, and Rick Charvet for our Art Class. We have also added an additional week of a morning Art Class with Susan Graeser.
- If you have any questions regarding the fees, scholarship or class schedule, please feel free to email our Executive Director at KevinGilroyArtsAlliance@gmail.com.

DEADLINES

Scholarship Application Deadline: Tuesday, June 13. No late entries will be accepted. Please do not bring with you on the first day of class.

Registration/Payment Deadline: Tuesday, June 13 No late entries will be accepted. Please do not bring with you on the first day of class.

You can mail the registration/payment or scholarship application or drop them off at the Center:

Gilroy Center for the Arts
7341 Monterey Street
Gilroy, CA 95020
Attn: Kevin Heath
408-472-6999

Hours:
Closed Monday
Tues – Fri 2:00pm to 5:00pm
Sat/Sun 11:00am to 2:00pm

The Board of Directors of the Gilroy Arts Alliance/Gilroy Center for the Arts wishes to commend you for supporting the arts in Gilroy by helping your child to grow an appreciation for the arts. Please consider becoming a member of the Gilroy Center for the Arts. For more information about art in Gilroy and surrounding communities, or to become a member, visit our website at www.gilroycenterforthearts.com or visit us on Facebook.

Waiver of Liability/Registration Form,

2017 YOUTH VIDEO CLASS

TWO WEEK CLASS FEE \$40 PER STUDENT

JUNE 19 to 23, 26 to 30

10AM to 12pm Mon-Fri

Child's name _____

What school does child attend? _____

Gilroy address _____

Please list any medical problems _____

In case of emergency,
who should be contacted? _____ Phone _____

Name of person who is authorized to pick up your child: _____

Parent/Guardian Names: _____

Home Telephone: _____ Cell or Work Telephone: _____

Parent/Guardian Email address _____

I certify that the participating child is in good physical and mental health and has no pre-existing medical conditions or health barriers to participation. I am aware that the Gilroy Arts Alliance and the facility, the Gilroy Center for the Arts, takes care but cannot protect your child from any unforeseen situation. With my signature, I release and hold harmless the Gilroy Arts Alliance and its board members, members and staff, the City of Gilroy and its representatives, officers, agents and employees, Limelight Actors Theater and its owners, and all other persons and entities associated with the Gilroy Arts Alliance from any and all injuries or damage from any claims or causes of action whatever for any loss or injury suffered by the participant and his/her friends and families. I grant full permission to use the above participant's photograph in videos, publications, motion pictures, recordings, or other records of events. I understand that reasonable care will be provided to the participant in the event of injury or illness during any Art activity; and authorize emergency medical care or transportation should it be needed.

I have read and fully understand the above statements, and certify that, as parent or guardian for the above child; all registration and release information provided is true.

Signature of Parent or Guardian

Date

PLEASE MAIL OR DROP OFF THIS FORM TO:

GILROY CENTER FOR THE ARTS, 7341 MONTEREY ST, GILROY CA 95020 ATTN: KEVIN HEATH

MAKE CHECKS PAYABLE TO GILROY ARTS ALLIANCE