



GILROY CENTER FOR THE ARTS  
7341 Monterey Road  
Gilroy, CA 95020

[kevingilroyartsalliance@gmail.com](mailto:kevingilroyartsalliance@gmail.com)

[www.gilroycenterforthearts.com](http://www.gilroycenterforthearts.com)

408-842-6999

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CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PHONE/CELL PHONE: \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

IN CASE OF EMERGENCY WHO SHOULD WE CONTACT: PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME OF PERSON AUTHORIZED TO PICK UP CHILD: \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_

**After School Art Program:**

Oct 15 - Dec 12 (Wednesdays) 4:30 p.m. - 6:00pm

**Paper Crafting 1 Grades 6-12**

Parents/Guardians are invited to view their child's work the last week of classes.

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**WAIVER OF LIABILITY**

**I certify that the participating child is in good physical and mental health, and has no-pre-existing conditions or health barriers to participation. I am aware that Gilroy Center for the Art, Gilroy Arts Alliance, the facility, and instructors provide a safe learning environment, but cannot protect the child from unforeseen situations.**

**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 understand that responsible care will be provided to the participant in the event of injury or illness during art activities; and authorize medical emergency care of transportation should it be needed.**

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

**Signature of Parent or Guardian**

**Date**

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**PLEASE DROP OFF THIS FORM OR MAIL IT TO:**

**GILROY CENTER FOR THE ARTS  
7341 Monterey St, Gilroy, CA 95020  
Attn: Kevin Heath**

**YOU MAY PAY CLASS FEES ONLINE (\$300 PER STUDENT/  
PER CLASS) @ [WWW.GILROYCENTERFORTHEARTS.COM](http://WWW.GILROYCENTERFORTHEARTS.COM),  
OR MAKE THE CHECK PAYABLE TO: GILROY ARTS ALLIANCE**

**Please Note:**

*To decrease the risk of your child's food allergies, please bring snacks for your child.*

*We provide snacks such as:*

*Popcorn (without butter and salt)*

*Fruit rollups*

*Fruit Gummies from Motts company*

*Juice boxes (Apple Juice, and Apple and Berries)*

*Water in bottles*

*If you are not comfortable with these snacks, you are free to bring your own.*

*Please indicate which snack is not suitable for your child:*

*Popcorn:*                      Yes \_\_\_\_\_                      No \_\_\_\_\_

**Fruit rollups:**                      Yes \_\_\_\_\_                      No \_\_\_\_\_

**Fruit gummies:**                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Juice Box:                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Water                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Also, please make sure your child wears clothing that can get painted on, and dirty. We will be working with art materials, and your Child's clothing will get stained.

**IN ORDER TO PROTECT OTHER CHILDREN, PLEASE DO NOT BRING YOUR CHILD TO CLASS, IF HE/SHE IS SICK. WE CAN HAVE A MAKE UP CLASS AT A LATER DATE.**

We are looking forward to teaching your child/children about many forms of art.

Please remember that on the last day of the art camp, you and your family are invited to see all the projects your child/children have been working on during a mini artist reception. The reception is during class hours, at which point you may take your child home with you.