

Keystone College

High School Regional Art Workshops



Participant's Full Name _____ Date of Birth ____/____/____

Home Address _____ Cell (____) ____ - ____
Street City State Zip Code

High School _____ Year (please circle) 9 10 11 12 Art Teacher _____

Please circle each workshop you registered for online.

GLASS 3-D PRINTING PHOTOGRAPHY FIGURE DRAWING CERAMICS ART THERAPY

I understand that each workshop will meet for a total of eighteen (18) hours during the times and dates listed on the brochure. The first class meeting will take place in the **Design Studio, Room 102, Brooks Theatre Building** of Keystone College, La Plume, PA. I understand the cost is **\$150.00 for each workshop** to be paid either online during registration or in-person the first day of class.

I am responsible for my own transportation. All materials will be provided, with the exception of cameras for the photography class. I further understand that it is my responsibility to contact Keystone College immediately if, for any reason I cannot attend all six sessions and I hereby agree to do so.

X _____
Student signature Date

X _____
Parent /guardian signature Date

Emergency Contact Information:

Mother/Father/Guardian Name _____ Cell (____) ____ - ____

Mother/Father/Guardian Name _____ Cell (____) ____ - ____

Please list any physical conditions that the staff should be aware of _____

Please list any allergies (including food and medications) _____

Please list any medications the participant is currently taking _____

Parental Guardian Consent

I, the undersigned, as parent(s) or guardian(s) of the aforementioned participant, ask that he/she be admitted to participate in the Keystone College High School Regional Art Workshops. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Keystone College, its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the art workshop or in the course of competition and/or activities held in connections with the art workshop on or off the Keystone College campus and property(s).

X _____
Parent /guardian signature Date

Medical Treatment Authorization

I hereby authorize the Keystone College staff and referred doctors, nurses or emergency medical personnel to provide care that includes routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for physicians, Keystone College High School Regional Art Workshops staff, and emergency personnel to perform any necessary emergency treatment.

X _____
Parent /guardian signature Date

Photo/Likeness Release

I hereby grant permission to Keystone College High School Regional Art Workshops to use my child's photograph or video on its web site, social media channels, or in other official College printed publications/advertisements without further consideration, and I acknowledge the College's right to crop or treat the photograph at its discretion. I also acknowledge that the College may choose not to use my child's photo at this time, but may do so at its own discretion at a later date.

X _____
Parent /guardian signature Date

☐ Check here if you would rather your child's photo/likeness not be used in any College sponsored web site, social media or publication.