

Orange Art Center Registration and Membership Form

FOR OFFICE USE ONLY:	
Pmt _____	Date _____
Approval Code _____	
SM entry _____	
Child <input type="checkbox"/>	Emergency <input type="checkbox"/>

Student(s) _____ Date _____
 Day Phone _____ Home Phone _____
 E-Mail _____
 Address _____ City _____ Zip _____

Office Use	Instructor	Class	Day/Date	Time	Fee

Total Class Fees \$ _____

For children 17 and younger, parent/guardian must complete the Emergency Authorization and Release form to the right and provide the following information:

Age _____ Grade _____ School District _____
 Orange students: Teacher _____ Home Bus# (or Open Door) _____

Would you be interested in more information about serving on the Arts Council Board of Directors? _____
 Would you be interested in volunteering at the Art Center or for Arts Council activities/events? _____

MEMBERSHIP The yearly membership begins August 1. Dues are tax deductible and directly support the Orange Arts Center, keeping class fees at the lowest level in northeast Ohio.

_____ Corporate Sponsor \$250+ _____ Patron \$100+
 Supporting: ___ Family \$65 ___ Individual \$50 Basic: ___ Family \$35 ___ Individual \$25

Total Membership Dues \$ _____

GRAND TOTAL of Class Fees and Membership \$ _____

PAYMENT OPTIONS

Pay by Check. (checks payable to **OCAC**)
 Pay by Credit Card:
 Charge MasterCard/VISA _____ Exp Date ____ / ____
 Cardholder (please print) _____ Signature _____

FAX to 216-831-9810 or mail to: Orange Art Center, 31500 Chagrin Blvd., Pepper Pike, OH 44124

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Additional Registration Information

1. Fees must be paid upon registration. No refunds beginning 7 days prior to the starting date of the class. Students registered for classes cancelled by the Art Center because of insufficient enrollment will receive a full refund. By registering you acknowledge that you understand this refund policy.
2. Class descriptions are as accurate as possible. Notify the office immediately of any discrepancies. Instructors are independent contractors and have the right to review students entering their class and at their discretion refuse admission.
3. Missed classes cannot be made up.
4. If unexpected health situations arise, notify the office immediately. In cases of refunds, a 5% fee will be assessed for credit card payments. Supply fees are never refundable and cannot be prorated.
5. A janitor is not employed at the Center. Class/workshop times include time for students to clean up their work areas, including tables, chairs and floor, and to return borrowed equipment.

For questions, please call 216-831-5130.

OFFICE HOURS: Mon-Thurs 10:00-4:00, Fri 10:00-2:00.

ORANGE ART CENTER EMERGENCY AUTHORIZATION AND RELEASE

FOR CHILDREN 17 AND UNDER

Student _____

Student _____ Home Phone _____

Mother _____ Day Phone _____

Father _____ Day Phone _____

DISCLAIMER: I/We, the undersigned, do hereby consent to our registrant's participation in Orange Art Center programs. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed by Orange Community Arts Council, including arranging transportation from the Orange Schools campus to the Center, I/we do further release its agents and employees from any and all claim or liability to us for any damages or injuries which may be sustained by said registrant in connection therewith.

Date Parent/Guardian Signature

MEDICAL INFORMATION

In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

List any health problems, medications or allergies:

Insurance Carrier _____ Policy Number _____

CHOOSE ONE OR THE OTHER AND SIGN BELOW:

(1) In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

or by another licensed physician or for the transfer of the child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Date Parent/Guardian Signature

(2) I/We do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take no action or to (specify):

Date Parent/Guardian Signature