



Youth Art Works Registration Form

Name of Student _____ Age & Birth Date _____

Demographic Information (optional)

School _____ Grade _____

Gender _____ Ethnicity _____

How did you hear about Pratt's youth programs?

Have you taken a class at Pratt before? Yes No

Please list any future classes you may be interested in taking:

Contact Information

Parent/Guardian _____ Email _____

Address City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Emergency Contact _____ Phone number _____

Are you interested in volunteering in Youth Art Works programs? Yes No

X _____
For youth under 18, a parent or guardian signature is required.

Submission of this signed registration from constitutes applicants acceptance of payment method indicated above and all terms and conditions in the registration policies including the conditions of Pratt's refund policy and the attached waiver. Pratt reserves the right to cancel any class or workshop in which case we are liable only for the tuition, lab, model and processing fee paid by the applicant to Pratt. Pratt reserves the right to reschedule any class or workshop or replace any instructor. In the event of unreasonable conduct, Pratt reserves the unconditional right to terminate a student's enrollment. All the above terms and conditions apply to any classes added to this registration.

Youth Art Works Registration Form

Please enroll my student in the following classes:

Title	Class#	Tuition
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
	Subtotal:	\$ _____

Free Sunday Classes - Please circle the class your student is eligible for:

Grades K-2 (ages 5-7)

Grades 3-5 (ages 8-10)

Grades 6-8 (ages 11-14)

Suggested donation is \$15. The actual cost of the class varies between \$90 and \$120.

I am able to pay: \$ _____

I would like to include the following tax-deductible donation to the Youth Art Works Program: \$ _____

Processing fee: \$5 per class. Processing fee waived for free classes. \$ _____

Total Due: \$ _____

Payment Method (circle one): Cash Check Credit card

Credit card type _____

Credit card number _____ Exp. Date _____

Payment and Policies:

- When registering a minor you must do so by mail, fax, or in-person.
- A parent/guardian signature is required.
- Full payment is due with registration.

By Mail using VISA, Master Card, Discover, check or money order payable to Pratt Fine Art Center.
Send to: 1902 South Main Street, Seattle, WA, 98144.

By Fax at 206-328-1260 anytime.

In person at the main building per address above.

Please also include a signed waiver form for each student.

**INSTRUCTORS AND STUDIO COORDINATORS:
PLEASE PLACE COMPLETED WAIVERS IN BOX NEAR THE FRONT DESK**

This waiver must be signed by a parent or guardian and agreed to in full for your child's participation in all Pratt Fine Arts Center programs.

FOR ALL PRATT FACILITY USERS:

There is an element of risk inherent in participating in artistic processes, handling artistic materials and operating machinery. Pratt Fine Arts Center takes every precaution to ensure the safety of our facility users. Being an equipment-intensive facility, it is important for users to understand that this equipment can be dangerous if used improperly and/or without teacher supervision. The following general waiver must be signed in order to participate in any educational program at Pratt or to use the facilities as an independent study student.

In consideration of my participation in the educational programs and/or use of the facilities as an user, I hereby discharge and forever hold harmless Pratt Fine Arts Center, its Board, staff, volunteers, the City of Seattle Department of Parks and Recreation and all agencies whose property and personnel are used as part of Pratt's educational program and any sponsoring, co-sponsoring or funding agency(ies) or individual(s) for responsibility for any injury, illness, death, damage, loss, accident, delay or irregularity which may be occasioned for any reason whatsoever during the course of my participation. I certify that I am physically able to participate in all the activities for which I am enrolled. We assume no responsibility for losses or additional expenses due to influences beyond our control.

I also give my permission for Pratt Fine Arts Center to use without limitation or obligation: photographs, film footage, tape or video recordings which may include my image or voice.

PLEASE PRINT

Name: _____

Address: _____

Course Title: _____ Course #: _____

Instructor: _____ Quarter/Year _____

CONTACT IN CASE OF EMERGENCY

Name: _____

Phone #: _____

Alternative Contact Name: _____

Phone #: _____

Please describe any medical concerns, allergies, physical, or behavioral conditions that your child may have which may affect their participation in this class.

How will your child come and go from class?

For students with specific behavioral or developmental challenges, it is beneficial for instructors to be aware of these conditions before the first day of class so they can be better prepared to deal with any issues. Parents are often able to contribute valuable insights and successful strategies for monitoring behavior. To arrange advanced communication with your child's instructor please call the Youth and Education Associate at 206.328.2200 x224.

Parent or Guardian Signature: _____

Date _____

(for youth under 18, parent or guardian name and signature on waiver required)

Signature of Youth: _____

Date _____

(for youth under 18, youth signature required)

**FACILITY USERS UNDER 18 YEARS OF AGE MAY NOT PARTICIPATE
WITHOUT THE SIGNATURE OF A PARENT OR GUARDIAN**