

# Bosque Arts Center Story Arts Workshop Registration Form

**Monday, July 7 – Wednesday, July 19, 2025 9:00 a.m. to Noon**  
**\$65 per student ■ Must have complete 6<sup>th</sup> through 10<sup>th</sup> grade**

Name of Participant: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Please provide your own snack and water if required.

All other materials are furnished.

LIMITED CLASS SIZE. If class is full we will contact you immediately. Your name will automatically be placed on the class waiting list, and if an opening should become available you will be notified immediately. \*Please note: There are a limited number of spaces available for this camp, and registration is on a first-come first-serve basis\* Limited financial assistance is available. Applications may be obtained in the Arts Center office and MUST be returned to that office five (5) days prior to start of class.

## RELEASE

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a child under the age of eighteen (18) and I hereby give my permission for said instruction from the Bosque Arts Center and agree to hold the Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Bosque Arts Center. *I understand that photos may be taken during the event for publicity.* In the event of an accident and/or illness, I authorize the Bosque Arts Center or one of its employees or the instructor to seek medical attention and I will assume all expenses incurred. *Bosque Arts Center is not responsible for any exposure to potential food allergens.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
(nose bleeds, allergies, physical disorders, etc.)

Photographs including my child participating in activities may be used for publicity purposes. YES \_\_\_\_ NO \_\_\_\_