



BAYarts
 28795 Lake Road Bay Village, OH 44140
 440.871.6543
 registrar@bayarts.net
 BAYarts.net

BAYarts REGISTRATION FORM

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

<i>Student's Name</i>	<i>Child's Age</i>	<i>Class</i>	<i>Dates</i>	<i>Time</i>	<i>Class Fee</i>

Registration Fee & Cancellation Policies

Registration: Students are not registered until tuition is paid and all forms are completed. When registering for classes on paper, rather than online, a completed registration form and health release form must be completed.

Refunds: Payment is due at time of registration. Due to limited capacity, **no refunds.** If a student is unable to attend a course or class, a class credit will be given.

Missed Classes: Fees are NOT refunded or pro-rated for missed classes.

CLASS FEE TOTAL _____

DONATION TO BAYarts _____

TOTAL _____

PAYMENT TYPE: (circle one)

Cash _____

Check payable to BAYarts _____ card number _____

VISA _____

MASTERCARD _____ exp. date _____ ccv# _____

DISCOVER _____

AMERICAN EXPRESS _____ Name on card _____

FOR OFFICE:

Date Paid _____ Initial _____

Entered in ProClass _____ Initial _____



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HEALTH RELEASE FORM

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

In Case of Emergency, Please Notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please note any specific health issues or special needs which we should be aware of:

Parent Authorization: In the event I cannot be reached in an emergency, I hereby give permission to BAYarts to secure necessary emergency transportation to and treatment at the above-listed hospital.

Signature: _____ Date: _____
 Participant/Parent/Guardian (please circle one)

Participant Waiver of Liability: For and in consideration of permitting the person or persons indicated above to enroll in and participate in BAYarts programs indicated, and any and all subsequent BAYarts programs in which they participate, I hereby voluntarily release, discharge, and relinquish and all actions causes of action and claims for personal injury, property damage or any other damages occurring to them arising out of, or in any way related to, their participation in. I represent that I understand that this release is to, and does, discharge in advance BAYarts, any and all of its officers, directors, agents, volunteers, and employees from any and all liability, actions, and causes of action.

Signature: _____ Date: _____
 Participant/Parent/Guardian (please circle one)

Participant Waiver of Photo Release: I authorize BAYarts to take and use without payment, photographs of me and/or my child during programs and classes as needed for public relations purposes, marketing/advertising and for BAYart's website.

Signature: _____ Date: _____

Participant/Parent/Guardian (please circle one)