

## Spring After-School Studio April 12 – June 14, 2018

Application

Date:	
Young Artist's Name: Gender: School:	Birth Date: Current Grade:
Parent/Guardian Name: Address: Cell Number: Email address:	Alt. Number:
Parent/Guardian Name: Address: Cell Number: Email address:	Alt. Number:
Emergency Contact Person I Name/Relation: Phone:	nfo:
Name of person(s) that would	ld pick up your child other than you? phone # phone #
Any allergies, medications or	r other physical concerns?
How does your child best exp	press her or himself?

What else do they enjoy? How can we work most successfully with your child? What else would you like us to know? How did you hear about us? ☐ friend ☐ flyer ☐ online ☐ \_\_\_\_\_ WHEN: April 12, 19, 26; May 3, 10, 17, 24, 31; June 7 & 14. From 3:30 - 5:15pm. Special guest on May 17. Performance on June 14.

WHERE: Pick up and drop off is at:

The Church of the Holy Apostles

612 Greenwood Avenue near Prospect A venue Brooklyn (F and G Trains to Fort Hamilton stop)

**TUITION:** □ \$450

**TO RESERVE A SPACE:** Please send a completed application and \$450 (full payment) in check or money order **made out to Belinda Blum.** Please send to: 196 New York Avenue #3, Brooklyn, NY 11216

**CANCELLATION POLICY:** Refunds are available only up to April  $1^{st}$  minus a \$50 cancellation fee.

**PHOTOS/VIDEO:** Artists will be photographed or recorded by BAK for promotional purposes.

**PLEASE NOTE:** We have been amazed year after year to see the magic that happens when kids open themselves up to the art-making process and to working together as an ensemble. This process depends on kids who are committed to following instructions and working collaboratively with others. Please contact us if you want to discuss further whether this experience would be right for your child.

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF

**RISK** In consideration of the services of Belinda Blum, Eric "Wally" Wallach and Brooklyn Arts for Kids (BAK), I hereby agree to release, indemnify and discharge them on behalf of my children and myself as follows: 1. I acknowledge that my child's participation in Brooklyn Arts for Kids entails known and unanticipated risks that could result in physical or emotional injury to oneself or to third parties.

2. I hereby release, forever discharge, and agree to indemnify and hold harmless BAK from any and all claims, demands or cause of action, which are in any way connected to my child's participation in BAK.

3. I further certify that I am willing to assume the risk of any medical or physical condition that my child may have.

4. I do hereby give permission to BAK to obtain the necessary emergency medical treatment for my child, with the understanding that the family is notified as soon as possible. If my child receives an injury during BAK, I am responsible for any medical expenses incurred.

5. BAK is not responsible for damage to or loss of personal property.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in BAK, I may be found by a court of law to have waived my right to maintain a lawsuit against Blum, Wallach or BAK on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

Parent Signature	Print name:	_
	Thank you!	
We look	forward to working with your young artist!	
Feel free	to call us with any questions or concerns.	

Belinda's number is 917-326-0867. Wally's number is 917-907-0701.