

Registration for Rad After School Classes

Which Class are you signing up for?

- "Much Ado About Nothing" (6 weeks, \$50)
- Rad After School Scribblers (4 weeks, \$30)
- Both Classes

Please give a short introduction to yourself.

What inspires you about this class and what do you hope to learn?

I agree to:

- Be encouraging to my fellow Rad After-School Sidekicks, helping to build an inclusive and caring environment.
- Engage in Active Listening where I consciously pay attention to what others are saying.
- Strive to bring my Best Possible Self with my work ethic, language, and attitude.
- Refrain from bullying and physical altercations.
- Show up ready to contribute and have fun.

I agree to the commitments, guidelines and responsibilities listed above. I am an important team member and my fellow classmates are counting on me. If I am not able to keep these commitments, I understand that I may be asked to forfeit my participation in these activities.

Your Electronic Signature:

As Parents/Guardians, we have read the class outline, noted the dates, and agree to support our teen in

meeting the commitments outlined above.

Parent/Guardian Name

First Name Last Name

Phone Number

Area Code Phone Number

Email

example@example.com

Parent/Guardian Name

First Name Last Name

Phone Number

Area Code Phone Number

Email

example@example.com

Allergies/Health Concerns

If your child has any allergies or health concerns of which we need to be aware, please list or explain them:

Does your child regularly take any medications?

Liability & Photo Release

I assume all risks & hazards for myself and/or minor child, incidental, & including death or permanent disability, to the conduct of the activity undertaken. I do further hereby release,absolve, indemnify, and hold harmless the MAHC, its officers, employees, representatives, & volunteers, from any & all injuries, damages, or losses, of whatever kind, nature, or amount, suffered by me or by such a minor participant at any activity sponsored, in whole or in part, by the MAHC to which this participant's registration form pertains. I understand that the MAHC provides no accident or medical insurance & that this is the participant'sresponsibility. I hereby also give consent for emergency medical treatment.

I agree to let the MAHC use photographs obtained during the educational program in which my child may be featured, for the purposes of promoting the mission and work of the MAHC both in print and in electronic media. I understand that in such cases, my child's name will not be attached to photos without my knowledge & express permission.

Parent/Guardian Electronic Signature

Please send to Renee@mccallarts.org or drop off at CUB McCall, 114 N 3rd St

Payment can be sent through

[Venmo](#),

[PayPal](#)

or can be mailed to

PO Box 1391

McCall ID 83638