

# Art Classes



With Louise Hallauer

**Art Adventures**  
Session 3 Begins  
Classes  
Tuition

**Ages 8-15**  
Wednesday, January 11, 2012  
Wednesdays from 4-5:30  
\$100 per session

All supplies are provided • limit of 25 students per session • all classes are in the Art Room

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

**Ph (H):** \_\_\_\_\_ **Ph (C):** \_\_\_\_\_

**Method of Payment: Cash:** \_\_\_\_\_ **Check:** \_\_\_\_\_ **Charge:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**The Center**  
OSCEOLA CENTER FOR THE ARTS

2411 E. Hwy 192 Kissimmee, FL 34744 • 407.846.6257 • [www.ocfta.com](http://www.ocfta.com)  
For enrollment, questions or interest please call 407.846.6257 x 0

For office use only

Amt. \_\_\_\_\_

Date \_\_\_\_\_

Type \_\_\_\_\_

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## Photo Release

I grant Osceola Center for the Arts permission to photograph, record or otherwise secure images of myself or my child. In addition, I hereby permit Osceola Center for the Arts to use these images and publish in print, electronic or video format these likenesses. I release all claims against the Center with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

## Theatre Release

I agree to release and discharge Osceola Center for the Arts and its officers, directors, agents, of and from any claims, demands, or liability arising from the participation of my child in any classes, camps, or programs sponsored by Osceola Center for the Arts. In the event my child becomes ill, I authorize Osceola Center for the Arts staff to obtain medical attention for my child at a physician's office or hospital. I understand that every effort will be made to reach me before medical permissions is given to treat my child. My child has the following insurance coverage:

Child's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

Group#: \_\_\_\_\_

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

Date: \_\_\_\_\_

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