



# 2008 Summer Creative Arts Week Registration Form



## \* Required Information

*Student's Social Security Number		*Last Name		*First Name		*Middle Name	
*Student's Age	*Student's Grade	*Student's Birth Date (mm/dd/yyyy)		*Gender: (Check one)			
				___ Male		___ Female	
*Street Address			*City	*State	*Zip	*County	
*Home Phone Number		*Parent's Work Number		*Parent's Cell Phone		*Emergency Phone Number	
Voluntary Information (Please check one) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other				*Does the student have a medical condition we need to be aware of? ___ YES ___ NO (If yes, please identify the condition)			

## Please check the session(s) you want to enroll in.

Check Here	Course Title	Days/Dates	Fee
<input type="checkbox"/>	1. Art Studio Session	Monday - Thursday, June 9 through June 12, 2008	\$30.00
<input type="checkbox"/>	2. Beginning Guitar for Songwriting	Monday - Thursday, June 9 through June 12, 2008	\$30.00
<input type="checkbox"/>	3. Piano Workshop	Monday & Tuesday, June 9 through June 10, 2008	\$15.00
<input type="checkbox"/>	4. Vocal Techniques	Wednesday & Thursday, June 11 through June 12, 2008	\$15.00
<input type="checkbox"/>	5. Theatrical Arts and Techniques	Monday & Tuesday, June 9 through June 10, 2008	\$15.00
<b>Total Due</b>			

I hereby consent to and acknowledge the participation of my child in the non-credit course(s) listed above at VSCC. I am aware of and acknowledge the potential risks involved in his/her participation. I also understand that in order to maintain a safe and enjoyable climate for learning, it is imperative my child is not left unsupervised prior to or after the scheduled class time. I agree to see that my child arrives promptly for class and leaves at the designated time. I assume total responsibility for my child's conduct during his/her attendance on the campus. I authorize the staff of the College to act for me according to their best judgment in any emergency requiring medical attention for my child and assume any and all expenses related to transport and medical treatment. I realize that failure to comply with any requirements may result in the withdrawal of my child from the activity. I release the College, its governing board, and the state from any and all liability. I certify that all statements on this application are correct and complete.

**\*Print Name of Parent or Guardian**

**\*Signature of Parent or Guardian**

### Method of Payment (Check one)

- \_\_\_ Check  
 \_\_\_ Cash (In person only -- please do NOT mail cash)  
 \_\_\_ Credit Card (Required for FAX and PHONE Registrations)



Division of Continuing Education  
 1480 Nashville Pike, Gallatin, TN 37066  
 Phone: 615.230.3358  
 FAX: 615.230.3362

If paying by credit card, please complete the following:

Check one: \_\_\_ Visa \_\_\_ Mastercard

Card Number

Expiration Date

Signature