

Arts Castle Policies:

Registration Registration for classes is on a first-come is on a first-come, first-served basis. Phone and fax registrations can be made with MasterCard of VISA (either debit or credit cards). You may also register in person during office hours (M-F, 9 am- 5 pm) or by mailing the form with your payment to: The Arts Castle, 190 W. Winter St., Delaware, Ohio 43015. A registration form is provided on the last page of this brochure.

Class Cancellations Early registration helps insure that classes will run. registration continues until classes are filled or the registration deadline passes. We may accept registrations after the published deadline for classes that have met our minimum registration requirements. The Arts Castle reserves the right to cancel classes if the need arises; you will be notified if your class must be cancelled.

Inclement Weather Class cancellations due to inclement weather will be announced on radio stations 610 WTVN (AM) and Sunny 95 WSNY (AM/FM) and on TV channels 4, 6 and 10. An announcement will also be recorded on the Castle's answering service, which can be accessed by calling 740/369-2787. **Please note:** Schools may be closed but we may be open (or vice versa). Check to be sure.

Student Work Except by special request, student artwork will not be retained past the end of the quarter. Ceramic artwork must be removed by the posted deadline.

Scholarships Scholarships

are available for students who qualify, based on financial need. Applications are available at The Arts Castle or online; **deadline for Summer 2015 quarter is Friday, May 29 by 5 p.m.**

Participant Waiver By registering for a class, workshop, camp or event, you hereby grant and give this organization and its partner organizations the right to use your photograph or your child's photograph or image with or without your name or your child's name, both singly and in conjunction with other persons of objects, for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion.

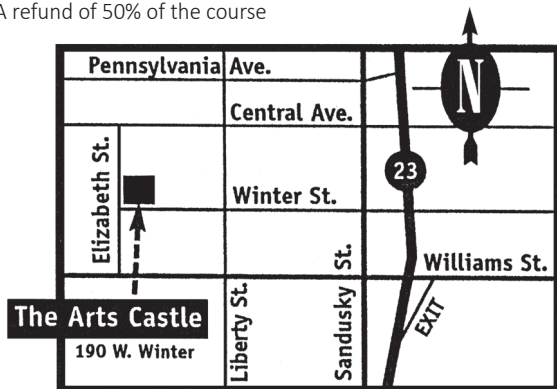
Also, you hereby, for yourself, your heirs, executors, and administrators, waive and release any and all rights and claims for damages you or your child may have against this organization and its partner organizations, representatives, successors, and assigns for any and all injuries suffered by yourself or your child during any activity sponsored by these groups.

Refund Policy For cancellations up to the close of business on the registration deadline, a \$10 processing fee is retained. A refund of 50% of the course

fee will be given if a student withdraws before 2 business days prior to the first day of the course. Due to contractual obligations, The Arts Castle will be unable to refund class fees after this time. Fees may not be carried over to the next session. Class credit will not be given.

Unattended Children

Policy The Delaware County Cultural Arts Center (The Arts Castle) is an institution where all patrons can engage in artistic activities safely. However, due to limitations of space and resources, our staff and instructors are not available to provide adequate security and safety for children outside of the registered class timeframe. Therefore, it is imperative that parents/guardians drop off and pick up children for classes in a timely manner. Children should be picked up from class within 10 minutes of the scheduled class completion time. If a parent or guardian is delayed in picking up a child, prompt telephone notification to The Arts Castle staff is required. In addition, children who visit the center for activities such as exhibit viewing and special events should always be accompanied by a caregiver or parent.



Registration Form

Adult or Parent Name _____

Address _____

Phone (H) _____ (C) _____

Email _____ Arts Castle Member? YES NO

Adult's Relationship to Students(s) _____

Student 1: First Name _____ Last Name (if different) _____

Address of student if different from adult _____

If student is a child under age 15, Age _____ Medical Concerns/Special Needs _____

| Class # | Class Name | Day/Time | Fee |
|---------|------------|----------|-----|
| | | | |
| | | | |
| | | | |

Student 2: First Name _____ Last Name (if different) _____

Address of student if different from adult _____

If student is a child under age 15, Age _____ Medical Concerns/Special Needs _____

| Class # | Class Name | Day/Time | Fee |
|---------|------------|----------|-----|
| | | | |
| | | | |
| | | | |

Add'l fees (check brochure listing): Materials _____ Tools _____ Recital Fee _____ Total _____

TOTAL DUE \$ _____

PAYMENT: Check # _____ Credit or Debit Card (Visa/MasterCard only) _____

Card # _____

Arts Castle Fax: Exp. Date _____

740/363-2733 Signature _____