



TEEN ART CLUB - 2012 APPLICATION



Middle School Ages to
Early High School

Name _____ Date _____

Address _____

City _____ State _____ zip _____ Phone # _____

Email: _____ (required)

Current school _____ Age _____ grade _____

Describe any hobbies or interests: _____

Check club dates desired ~Pre-Registration Required~ Limited Spaces Available – All Meetings are Saturdays 7 – 9 pm

- | | | |
|--|---|---|
| <input type="checkbox"/> February 18 <u>Art Soccer</u> | <input type="checkbox"/> June 16 <u>Choice</u> | <input type="checkbox"/> October 20 <u>Spooky Movie</u> |
| <input type="checkbox"/> March 17 <u>Choice</u> | <input type="checkbox"/> July 21 <u>Iron Man II</u> | <input type="checkbox"/> November 17 <u>Clay</u> |
| <input type="checkbox"/> April 21 <u>Wheel</u> | <input type="checkbox"/> August 18 <u>Drawing</u> | <input type="checkbox"/> December 15 <u>Art Soccer</u> |
| <input type="checkbox"/> May 19 <u>Photoshop</u> | <input type="checkbox"/> September 15 <u>Choice</u> | |

*Choice of video games, movies and/or art materials for drawing/painting/sculpture

\$5 materials fee per meeting without DFAC family membership

By signing this form I release the Dunedin Fine Art Center from any and all liability from any bodily injuries sustained, or for loss or damage of any personal articles, while of the premises or participating in any activity sponsored by the Dunedin Fine Art Center. I further agree that in the event medical attention is required due to accident or illness, the Dunedin Fine Art Center shall be permitted to seek such medical services as it deems necessary and appropriate through EMS/911 and/or local hospitals.

Participant's name & Parent/Guardian

Persons to contact in case of emergency:

Name _____ Phone(s) _____

Person other than parent or guardian authorized to pick up minor:

Name _____ Phone(s) _____

\$20 Teen Art Club Membership _____