

Kentucky Museum - Arts for All Kentucky
Side by Side ART CLASSES
REGISTRATION FORM

Student Name: _____ Student Age: _____

School: _____

Student's Disability (for planning purposes only):

(Parents may stay to assist their children if needed)

Student's Address: _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Parent(s) Name: _____

Address (if different than student): _____

Phone (if different than student): _____

E-Mail Address: _____

Please check your class time:

_____ 9:00 am - 10:00 am Elementary School

_____ 10:30 am - 12:00 pm Middle and High School

Please initial: _____ I hereby grant the Kentucky Museum and AFA Kentucky permission to use, distribute, and release my child's:

☐ Photograph ☐ Biographical information ☐ Art images

and hold the Kentucky Museum and AFA Kentucky harmless from any such use for purposes of promotion of the Kentucky Museum and AFA Kentucky through the following media, including but not limited to print, radio, television, electronic and Internet media coverage.

Please initial: _____ I understand that the collaborative artwork created by the student and artist belongs to AFA Kentucky and the artwork created by the student belongs to the student and family of the student.

Please initial: _____ I grant permission to Kentucky Museum and AFA Kentucky personnel to seek emergency medical treatment for my child should it be needed.

Participant,
Parent or Guardian *(if participant is under the age of 18 or under the care of a legal guardian)*

Date

PLEASE COMPLETE THIS FORM AND RETURN WITH YOUR REGISTRATION

Name:

How I spend my free time:

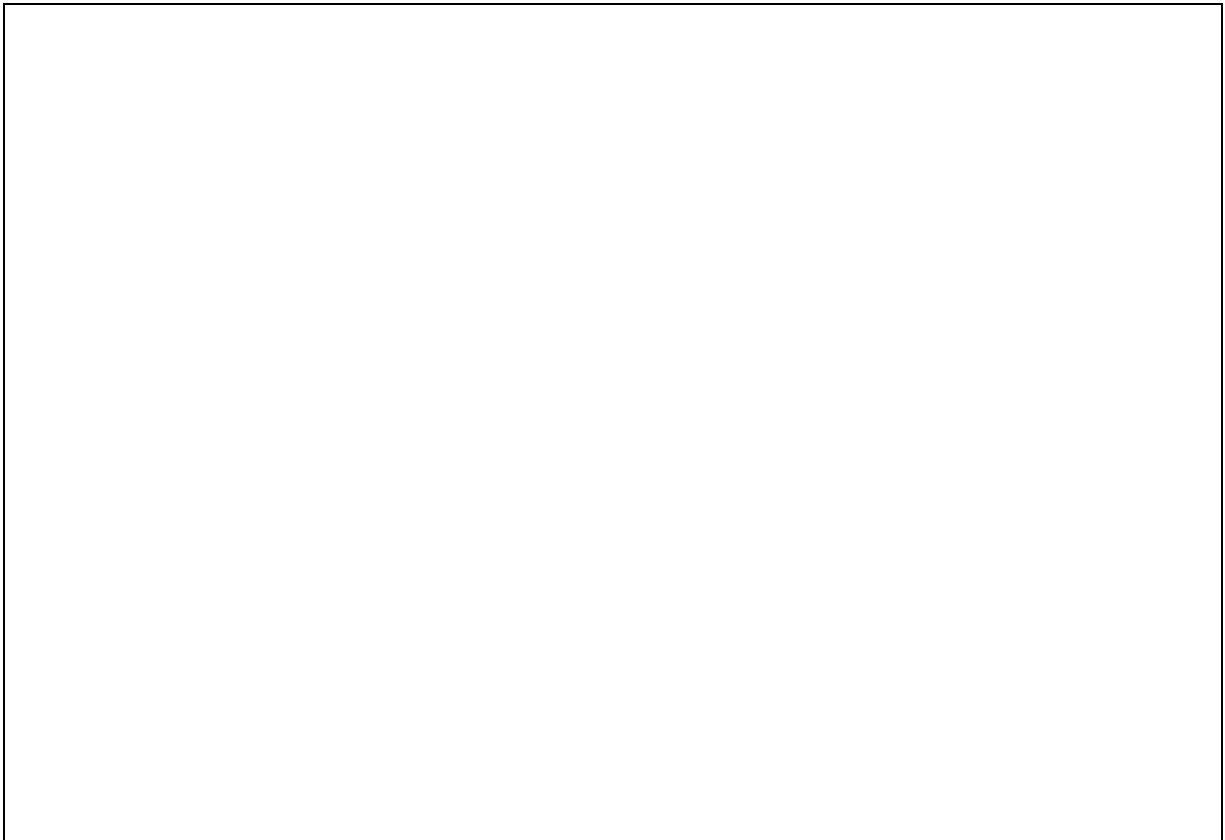
What I like most about art is:

What I want to do when I grow up:

Who is your favorite artist?

What is your favorite color or color combination?

Draw, paint or collage a picture in the space below.

A large, empty rectangular box with a thin black border, intended for a child to draw, paint, or create a collage. It occupies the bottom half of the page.