

# BE SMART at EKU

Saturday Art and Design Classes Registration Form, Spring 2018

www. <http://art.eku.edu/> | 859. 622.1629

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Age: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_

Medical information we should know (i.e. allergies) or special educational needs: \_\_\_\_\_

School name: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: (XXX-XXX-XXXX format) \_\_\_\_\_

Email: *(Email address required to receive confirmation, in the event of weather related cancellation, we will contact you through email)* \_\_\_\_\_

\* **Note:** Registration is not complete until the program fee and Consent & Waiver form is received.

The Consent and Waiver form can be mailed, to the address provided on the form, or emailed to ----- OR it can also be brought in printed and filled out on the first day of class.

I will be mailing in my Consent & Waiver form.  
I will be bringing my Consent & Waiver form to the first day of class.

Medical Release: I represent that I am the parent or legal guardian of the child that I am enrolling and I hereby give authority to EKU to obtain medical treatment in the case of an emergency.

## TEACHER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School name and county: \_\_\_\_\_

Check or money orders only. Please make checks payable to **SMART at EKU** on the memo line.

Checks/money orders can be directly mailed to:  
**SMART at EKU**

Department of Art and Design  
309 Campbell Building  
Eastern Kentucky University  
521 Lancaster Avenue  
Richmond, KY 40475-3012

# SMART

is for High School Students



4.14

High School Student Workshops,  
BREAKOUT!



4.28

Beginning Enameling



4.21

Photoshop Timeline GIF's and Animations

# SMART

is for Teachers



4.21

Photoshop Timeline GIF's and Animations



4.21

Creatively Integrating Art History into the  
Humanities and Art Curriculum



4.28

Drawing Fresh: Innovative Strategies for  
Drawing Education



3.24

Aluminum Construction



4.14

Creating a booklet in InDesign

## PROGRAM CONSENT AND POLICY AGREEMENT

By coming to EKU Art and Design Department Saturday classes you are agreeing to the below:

- Refund Policy: I understand that no refund will be made, only exchange of classes
- Photo/Media Release: I hereby give permission for my child and his/her artwork to be photographed and/or video-taped and any photo/video taken to be used in promotional media
- Fees must be paid by the first day of class, check must be mailed 3 days prior to the class, teachers will not be able to take checks.

# BE SMART at EKU

## Saturday Art and Design Classes Consent and Waiver Form, Spring 2018

I hereby request that you accept this application for the BE SMART at EKU Saturday Art and Design Class and allow my child,

\_\_\_\_\_ to participate in the class during the dates set forth in this application and for which I have applied. I recognize that there are dangers, risks and possible injuries to Child which are inherent in and may result from participation in class activities.

In consideration of your acceptance of this application and allowing Child to participate in the Art and Design class, I hereby release, waive, indemnify and agree to hold harmless Eastern Kentucky University, including its regents and employees, from any liability, claims, actions, suits, procedures, costs or damages should any injury or illness occur to my child while participating in the class or which may in any way arise from or relate to the class, including serious injury or even death. I have instructed Child to obey all rules, regulations and

instructions of the Art and Design Department, including all authorized personnel, in an effort to help minimize such risk. In the event of possible injury, I give permission for the administration of emergency medical care to Child I agree to be responsible for all costs which may be associated with medical care provided to child. Below is the applicable and accurate medical and insurance.

INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY # \_\_\_\_\_

Any and all restrictions, medical conditions, allergies or medications applicable to child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have fully read and agree to the terms of this Release and Authorization for Medical Treatment.

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

Print Name: \_\_\_\_\_

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

First Emergency Contact Name: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_