

**KATELYN LIEPINS' STUDIO
PRESENTS**



Hopewell Township Art Club

Art Around the World



**SATURDAYS 10/16 - 11/6
WOOLSEY PARK
12:15 - 1:30PM**

For children ages 10-16



HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT
REGISTRATION FORM - FALL 2021

ART AROUND THE WORLD

Participant Information:

Name: _____ DOB: _____ Age: _____ 2021 Grade: _____ Gender: _____

Address: _____
Street City, state, zip

Primary Contact (Parent or Guardian):

Name: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Program Fee: \$160
(Includes all materials and supplies)

Refund Policy:

Refund requests MUST be made in writing or through email - refund amount will be determined by the number of days prior to the start of the program that notification is received. 45+days = Full Refund - \$35 admin. fee

If you withdraw within less than 45 days from the start of the camp, you will either receive a percentage of your paid fee or will receive a full refund -\$35 admin. fee (whichever is less). Percentage fees will be calculated by the price of the clinic and will be as follows:

15-44 days = 75% refund; 6-14 days = 50% refund; 1-5 days = 25% refund; No refund once clinic begins.

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified in writing of your expressed desire to be excluded.

HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE: Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in any of the Hopewell Recreation programs. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

Please be aware my child has the following medical conditions:

SIGNATURE OF PARENT: _____ DATE: _____

Make checks payable and send to:
Amt. Remitted: _____
Phone # (609) 737-3753

HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.
201 Washington Crossing-Pennington Road
Titusville, NJ 08560