



2020-2021 Program Registration Form

Program: *(please circle one)* Pottery Room After School Arts At Home Art Kits

Participant Information

Name: _____

Age Range: 5-7 8-12 13-18 19+

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Email address: _____

Phone Number(s): _____

Please Select: *(Sharing this information is option, but helps us apply for grants that keep our programs running.)*

- | | |
|---|---|
| <input type="checkbox"/> Southern Ute Tribal Member | <input type="checkbox"/> Other Native Tribe |
| <input type="checkbox"/> Descendent | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Other Enrolled Tribal Member | <input type="checkbox"/> Caucasian |

If under 18.

Name of Parent(s)/Guardian(s) _____

Emergency Contact Info:

Name: _____ Phone # _____

Name: _____ Phone # _____

Food/Medical Allergies or Special Concerns:

Name: _____ Describe: _____

Name: _____ Describe: _____

Name: _____ Describe: _____

If you need more space, please continue on the back of this page.

COVID-19 Guidelines Agreement

Dancing Spirit Community Arts Center recognizes that we are functioning in unprecedented times. We want to make sure that we are doing our part to keep everyone safe and healthy, while still allowing our students and our community members to express themselves creatively. To allow us to continue to offer our programs, we ask that you acknowledge your agreement to agree to the following statements by initialing one the line next to each statement.

_____ I acknowledge and accept that in spite of any and all precautions taken, participation in in-person classes and activities at DSCAC does include the possibility of exposure to illness including but not limited to COVID-19, and I knowingly and freely assume all responsibility for any such risks and agree not to hold DSCAC Inc responsible for any injury, harm or loss that may occur through participation in any activity on their premises or in their programming.

_____ I agree to take my/my child(ren)s temperature before any in person classes and that if I/they have a fever, cough or any other signs of an illness, that I/they will not be allowed to attend in person classes.

_____ I understand that masks will be strongly encouraged for in person classes and that DSCAC will comply with mandates from both the State of Colorado as well as the Ignacio School District.

_____ I understand that hand-washing will be encouraged throughout the class and that hand sanitizer may be used/offered/available to students to use.

_____ I understand that this plan will be subject to change throughout the year and that I have given my correct contact information so that I can be contacted with any updates.

Photography Consent

Pictures may be taken of your child while participating in any of our programs and may be used for publicity: FaceBook, flyers, newspapers, DSCAC, and ELHI websites are some examples. Please check the appropriate box:

_____ I GIVE consent for photographing _____ I DO NOT give consent for photographing

Pick Up/Drop Off Consent

_____ I understand that my child(ren) needs to be signed in and out at the beginning and end of any program.

_____ I understand that Ignacio School District is no longer offering a bus to the ELHI for Early Release Wednesday and that students must be dropped off at 2:30 if they are attending in person classes.

_____ I understand that students MUST be picked up PROMPTLY at the end of their classes.

_____ I understand that I MUST SIGN OUT my child(ren) as they will NOT be permitted to leave without a caregiver present or previous arrangements made with DSCAC staff.

Parental/Guardian/Caregiver Release

I, _____ (print name), hereby give permission for my child, _____, to participate in the classes offered by Dancing Spirit Community Arts Center (DSCAC) at the ELHI Community Center (ELHICC).

I give my consent and release any and all rights and claims for injuries my child might sustain while participating in this program. Even though conducted by competent instructors, injuries can be sustained. By signing this release and indemnification agreement, I hereby exempt, release and discharge DSCAC, and ELHICC, their officers, employees, volunteers from any and all claims demands and actions for such injury. Loss or damage arising out of or in any way related to my child(ren)'s presence in the activity.

For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgements of any and every kind that I, my heirs, executors, administrator or assignees may have against DSCCA and ELHICC because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above-described events, activities or field trips or that results from any cause other than the negligence of DSCAC, and ELHICC, their officers, employees, volunteers. It is understood that any resulting expenses will be the responsibility of the parent/guardian/caregiver or participant.

In the event of any injury, I hereby give permission for treatment to be started by a medical professional as needed.

Parent/Caregiver or Guardian's Printed Name

Date

Signature

FOR OFFICE USE ONLY

Program Registered For: _____ Date: _____

Class/Event Fee: _____ Paid CK# _____ Cash _____ Other _____

Dancing Spirit Representative Signature: _____