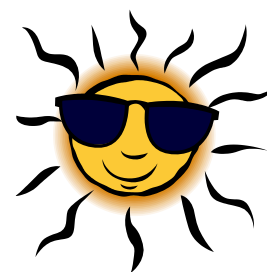


# City of Independence

## ART IN THE PARK

### 2017



This year we will offer a Mommy/Daddy and Me program. We will have a discounted rate if you would like stay to do the art project with your child/children. These projects are for children ages **5 to 13**. Please check all programs that you plan to attend, fill out this form & **make checks payable to Creative Expressions. Registration is required.** For info call Nita Brake at 363-2934.

#### **YOU MUST REGISTER & PAY ONE WEEK BEFORE THE CLASS FOR EARLY BIRD**

#### **\_\_\_ July 7 Painting an Animal on Canvas**

Child only fee \$13 Early Bird \$10 by June 30  
Mommy or Daddy & Child fee \$20 (2 paintings)  
Early Bird - Mommy or Daddy & Child fee \$15 by June 30

#### **\_\_\_ July 14 Wire Sculpture**

Child only fee \$12 Early Bird Child \$9 by July 7  
Mommy or Daddy & Child fee \$20 (2 sculptures)  
Early Bird - Mommy or Daddy & Child fee \$14 by July 7

#### **\_\_\_ July 21 Mosaic Flower Pot**

Child only fee \$13 Early Bird \$10 by July 14  
Mommy or Daddy & Child fee \$20 (2 pots)  
Early Bird - Mommy or Daddy & Child fee \$15 by July 14

#### **\_\_\_ July 28 Basket Weaving**

Child only fee \$12 Early Bird Child \$9 by July 21  
Mommy or Daddy & Child fee \$20 (2 baskets)  
Early Bird - Mommy or Daddy & Child fee \$ 15 by July 21

**All classes are at the Memorial Park Shelter from 10 a.m. to noon**

***Mail to: Nita Brake, Parks & Recreation Director, 5409 Madison Pike, Independence, KY 41051***

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

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

State: \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone Number \_\_\_\_\_ Evening \_\_\_\_\_

e-mail address: \_\_\_\_\_

Person to notify in case of emergency

Name \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Please sign consent form on back**

Medical Consent and Waiver

I hereby authorize the City of Independence, the Recreation Staff, or their designate to treat the above participant for any injury or illness they sustain during the summer youth program. I authorize all necessary medical treatment and admission to any hospital designated by the recreation staff if advanced care (x-rays test, etc.) is required. It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or surgical procedures if necessary.

Participant Waiver

WAIVER in consideration of my entry into this summer youth program: I , intending to be legally bound, do hereby for myself, my heirs, executors, & administrators, waiver release and forever discharge any and all rights and claims for damages, including any claims for loss damages, or injury to my person or property arising out of performance or failure of performance of the City of Independence staff, or others involved in this summer youth program and assigns of the parties named above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from this summer youth program. Participant agrees to abide by any rules the recreation staff may have.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_