



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CREATIVE HANDS



Art Classes
FRANZ ROSS YMCA

This four week program is designed to promote artistic development in your child and allow them to express their creativity in a safe, nourishing environment. Classes will focus on skills related to painting, drawing, pottery, collage-making, and so much more! Everything made in class gets to go home as a keepsake. We provide smocks, but encourage you to send your child in clothing that may get messy!

- Cultivating and encouraging learning environment
- Skills taught in an age-appropriate manner
- Small class sizes allow more one-on-one instruction

AGES: 6-12

WHEN: Wednesday Nights (*see back for dates*)

TIME: 5:45pm-6:45pm

COST: Members- \$40.00 Non-Members- \$55.00

REGISTRATION DEADLINE: September 6th 2019

LOCATION:

Franz Ross YMCA Youth Center
19333 Quesada Ave. Port Charlotte, FL 33948

FOR MORE INFORMATION: Jordan Jensen / 941-391-5079 / jjensen@skyyymca.org





Creative Hands 2019 Session 1

Wednesday Class Dates

September 12th

September 19th

September 26th

October 2nd

Child's Name _____ DOB _____

Class date (Select One) Tuesdays Thursdays

Parent's Name _____ DOB _____

Phone _____ Address _____

Email _____

Release and Waiver of Liability

You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if the YMCA uses reasonable care in providing this activity, there is a chance of serious injury or death to your child by participating in this activity because there are certain dangers inherent to the activity which cannot be avoided or eliminated. By signing this form, you are giving up your child's right and your right to recover from the YMCA in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to sign this, and the YMCA has the right to refuse to let your child participate in the activity if you do not sign.

Release of Medical Treatment

In the event that reasonable attempts have been made to contact yourself and/or any listed emergency contacts, I give consent for emergency treatment of my child(ren). I give consent for the administration of any treatment deemed necessary by a physician and/or the transfer of my child to any hospital reasonably accessible.

Photo Release

I give the YMCA permission to take photos of my child/self participating in YMCA sponsored programs. I understand that those photos may be used in promotions for the YMCA and are sole property of the YMCA.

Parent Signature

Date