

# Registration Form

CLASSES FOR CHILDREN, TEENS & ADULTS  
Catherine Fetterman, Artist and Instructor  
www.catherinefetterman.com

LinguaArt Services  
102 Carlton St., SW  
Leesburg, VA 20175

Any questions, please call 703-443-1143  
or email [artist@catherinefetterman.com](mailto:artist@catherinefetterman.com)

Participant(s) \_\_\_\_\_

Class/Camp \_\_\_\_\_

Date(s) \_\_\_\_\_

Time \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Supply Fee (if applicable) \$ \_\_\_\_\_

Total Enclosed ck# \_\_\_\_\_ \$ \_\_\_\_\_

Please mail your payment (check payable to LinguaArt Services) along with this completed form to the address at left. I will notify you by email when I've received it. Thank you!

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Please indicate: M F adult youth\*

Name \_\_\_\_\_ Please indicate: M F adult youth\*

\*If minor, please indicate date of birth \_\_\_\_\_ and names of parents/guardians \_\_\_\_\_

(home) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Any special needs or concerns that the instructor should know about? \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**POLICIES** It is strongly requested that registrations be received at least 8 days in advance of the class start date. The instructor reserves the right to cancel any course that does not meet minimum enrollment at least one week prior to the start date, and guarantees a full refund in such cases. Later registrations are welcome as long as the class has already met its minimum enrollment and space is still available. Students will receive a full refund on any withdrawal request made at least 8 days prior to the start of the class. After that, registrations will be refunded minus a \$25 cancellation fee, up until the day before the class starts. After that there are no refunds. Classes cancelled by the instructor (due to inclement weather or illness) will be rescheduled. Parents/guardians of students in children's classes must arrange to pick up their children on time after each class, and are responsible for their children before/after the scheduled class times. Classes missed by students are not refunded or pro-rated. There is a \$30 fee on returned checks.

**PERMISSION AND RELEASE** I wish to register/my child for the class listed above. I understand and assume any risks involved in this kind of activity and absolve LinguaArt Services, the instructor(s), assistants and owners of any class/camp locations of any responsibility for any accident or injury. I accept financial responsibility for any injury or damages I or my child may cause to property or others. I further grant permission for emergency first aid to be given to me/my child and to be taken to a hospital/urgent care facility in the event of a serious injury or emergency, and grant permission to the medical staff to provide treatment that they deem necessary for me/my child's well being. I accept financial responsibility for any and all costs incurred as a result. I understand that photographs may be taken of me/my child during class by LinguaArt Services and used for the purpose of promoting its programs. I understand and agree to all policies stated above.

Signature of Participant or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

May I ask how you found out about this class? \_\_\_\_\_