

# Course Registration Form

Name: \_\_\_\_\_ Date: mm/ dd/ yy \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ postal code \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_

Cell \_\_\_\_\_ Business \_\_\_\_\_

## ADULT COURSE

Course requested \_\_\_\_\_

Instructor \_\_\_\_\_

Starting Date: \_\_\_\_\_ # weeks ( ) Time: \_\_\_\_\_

Course fee \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**PAYABLE to RHGA TOTAL FEE** Cheque # \_\_\_\_\_ Cheque \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**\*\*DROP IN FEE (PAINT-INS, DEMOS AND LIFE-DRAWING) ONLY \$** \_\_\_\_\_

## CHILDREN'S COURSE

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

Parent's name \_\_\_\_\_

Instructor: \_\_\_\_\_

Starting Date \_\_\_\_\_ # weeks ( ) Time: \_\_\_\_\_

**PAYABLE to RHGA Course fee** Cheque # \_\_\_\_\_ Cheque \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**PAYABLE to INSTRUCTOR** Material fee \$ \_\_\_\_\_ Brush fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

I, for myself, my heirs, executors, estate trustees, administrators, successors and assigns, waive any claims to which I may become entitled for injury or damage, and hereby release RHGA and all their representatives, agents, instructors and directors and any other persons assisting in providing the Programs, from any claims for damages or injury suffered by me as a result of my participation in the Programs. Programs and offerings, such as courses opportunities may be subject to change as needed by RHGA. I also hereby give my permission for the free use of my name, image and artwork in any broadcast, telecast, website, newsletter, newspaper, media or other form of publicity. I have carefully read and understand the terms of my enrollment in the RHGA. Courses.

Date: \_\_\_\_\_ Signature \_\_\_\_\_