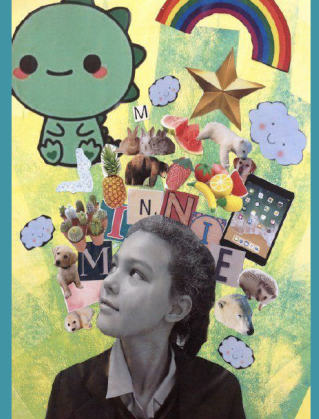


Storytelling & Mixed Media

Mondays starting Jan 23rd
4-5pm for 4 weeks in the art room

Students will learn how to combine different arts materials to create engaging and imaginative narratives, and will be encouraged to think outside the box and be creative to tell stories through mixed media art!



Sign up online @
EASTERNIOWAARTSACADEMY.ORG



After School Program Registration Form

Class Name Storytelling & Mixed Media

Student Name _____

School _____ Grade _____ Date of Birth _____

Parent/Guardian(s) Name _____

Address _____ City _____ Zip _____

Phone Contact #1 _____ Phone Contact #2 _____

Email *(required)* _____

What ethnicity/race do you consider your child? American Indian or Alaskan Native Asian

Black or African American Multi-racial Native Hawaiian or Other Pacific Islander

White Other _____

RELEASE/WAIVER

I understand that reasonable measures will be taken to safeguard the health and safety of all participants in this program. Notification of any emergency affecting the student will be communicated as soon as possible to the contacts listed on the reverse side of this document. I authorize medical care to and/or transportation of the student to the hospital at our (my) expense to provide emergency care as deemed necessary. I hereby release Eastern Iowa Arts Academy, its employees, and/or agents and volunteers, from any claim for personal injury or property damage resulting from or arising out of activities in which the student participates, whether on the EIAA premises or elsewhere.

PHOTO CONSENT

I agree that EIAA may use the above named student's photograph and/or videotaping in the routine promotion of its classes and activities and for other non-commercial applications. (ie: website, television, annual reports, videos, brochures and other promotional material).

PERSONAL ARTWORK

I agree to have my personal art displayed at various location(s) around the community with my name published.

**By signing below, you agree and comply with the Release/Waiver,
Photo and Artwork Consent Policies.**

Please Return Form to Main Office, Office please scan and send to Lauren@eiaaprogram.org

Signature _____ Date _____