

CALVARY ARTS CENTER  
PCOHACAC CLASS REGISTRATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ Any physical limitations, medications,  
or allergies \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

If unable to reach parent or guardian, in case of an emergency, notify:

\_\_\_\_\_ Phone \_\_\_\_\_

	<u>Class</u>	<u>Session(s)</u>	<u>Time</u>	<u>Cost</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			

TOTAL: \_\_\_\_\_

To be signed by parent or guardian.

I understand that the Perry County Opera House and Cultural Arts Center (PCOHACAC) group, its members, and/or its instructors are not liable for any accidents or injuries that may occur at the Calvary Arts Center during any or all programming.

\_\_\_\_\_  
(If over 18, sign your name)

Mail your fee and this registration form to: PCOHACAC, PO Box 204, New Lexington, OH 43764 Checks payable to: PCOHACAC

**DEADLINE:** June 1, 2015