



CLASS REGISTRATION FORM

Student's Name: _____ Date: _____

Address: _____ Phone: _____

_____ E-mail: _____

Class Name: _____ Parent/Contact Name: _____

Class Day and Time: _____ Is this your first class? Yes ___ No ___

Check box if you are a: Ceramics Center Member Partnership Member _____

Payment Information

Paid at The Center Check Enclosed Credit Card Form Enclosed Cash Enclosed

Amount Paid/Enclosed: _____ Check No. _____

SIGN HERE: _____ **DATE:** _____

Important information

Enrollment in our classes is limited and will be accepted on first-come, first-served basis. We accept cash, personal checks, money orders, traveler's checks and Visa and MasterCard. There is a \$25 non-refundable registration fee (included in the tuition price) and registration is non-transferable. There will be a \$25 fee for switching from one class to another, space permitting. Balance of the class fee is due on the first day of class.

We take photos of our classes, workshops, and the studio on a regular basis for promotional materials. Names are never released or used without specific consent. However, by signing above, you release any photos containing the person named as "student" to full use and discretion of The Ceramics Center.

Refunds

No refunds of any payment will be made for notification of withdrawal within 7 days of the start of the class. Prior to that time, we will refund your tuition minus a \$25 non-refundable registration fee.

Class Cancellations We reserve the right to cancel a class if minimum enrollments are not met, in which case all tuition and fees will be refunded. Notification of cancellation will be made by phone at least 1 day prior to the start of the class, at which time students will be offered the option of another class, space permitting, or a full refund.

You must be 16 to participate in our classes (children's classes excepted), or have permission in advance of registration. When we receive your registration we will send confirmation and specific class information. If the class is full, you will be notified that you have been placed on a waiting list.

How did you hear about us?

Word of mouth _____ Newspaper _____ Calendar Item _____ Iowa Cultural Corridor _____

Newspaper/Magazine Article (Where? _____)

Newspaper Ad (Where? _____)

Other (Explain: _____)

THE CERAMICS CENTER
329 10th Ave SE Suite 117
Cedar Rapids IA 52401

Phone: 319.365.9644

www.theceramicscenter.org



YOUTH WAIVER FORM

Participant's name: _____

Address: _____

Emergency Contact Person and Phone number:

SIGNATURE OF PARENT OR GUARDIAN: I hereby authorize my daughter/ son to participate in class(es) at the Ceramics Center. I understand that this program, like most programs similar in nature, has some degree of inherent risk involved. Furthermore, my son/daughter is in good physical condition appropriate to participate in the stated activity AND I UNDERSTAND THAT THE PARTICIPANTS MUST ASSUME FULL RESPONSIBILITY FOR BODILY INJURY INCURRED WHILE TAKING PART IN THE ACTIVITY. NO ACCIDENT INSURANCE IS PROVIDED THROUGH THE CERAMICS CENTER.

Signature: _____ Date: _____

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