

RESPONSIBILITY OF THE PARENT / GUARDIAN POLICY:

- GCCA can ONLY be responsible for children/students during the hours for which they are registered. Students will not be supervised by the instructor before or after class time.
- Please come into the building to drop-off and pick-up your child. Instructors will not allow children to leave class until a parent arrives for pick-up.
- It is the responsibility of all students and parents to know their sensitivities to the materials that may be used in classes and assume all risks associated with class activities including the risk of physical injury and risk of property damage or loss.
- Students are responsible for their personal tools, supplies and possessions. GCCA is not responsible for items that are lost or stolen.
- GCCA reserves the right to require the parent or guardian to withdraw a child from class for disruptive behavior.
- Student art projects must be completed during class time. Make-up sessions for missed class time will not be offered.
- Student work must be picked up on the last day of the class session. Any work remaining on GCCA property after the last class will no longer be the responsibility of GCCA.
- GCCA periodically documents educational offerings and events for promotional purposes. Registration in a course includes permission to photograph or videotape students and/or their artwork and to use the image in publicity materials unless the student parent or guardian specifically requests otherwise.

EMERGENCY CONTACT / MEDICAL INFORMATION:

CHILD'S NAME:	
PARENT/GUARDIAN'S NAME:	
EMAIL ADDRESS:	
PARENT/GUARDIAN PHONE:	
EMERGENCY CONTACT:	
CONTACT AUTHORIZED TO PICK-UP:	
Does the child have any allergies?	
Does the child have any health issues that require special attention?	

As the parent/guardian, I assume all responsibility and waive any claim for compensation for accidental injury incurred by my child while at GCCA or otherwise in the care of GCCA staff, and hereby agree to indemnify and hold harmless GCCA, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from any injury to my child while participating in this program. I have read and understand the above policy and agree to comply with the provisions. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize GCCA to call 911 to provide my child urgent care.

Signature: _____ **Date:** _____

(If signing electronically name can be typed)