

CATSKILL MOUNTAIN
FOUNDATION INC.



SUGAR MAPLES
CENTER FOR CREATIVE ARTS

518-263-2001

Art Explorer's Enrichment Experience
Virtual Classroom 2020

Week 1 - August 4, 5, 6, - 10:00 a.m. - 11:30 a.m.

Week 2 - August 11, 12, 13 - 10: a.m. - 11:30 a.m.

PLEASE PRINT: Give complete information.

Child: LAST NAME _____ FIRST _____ M _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE AS OF 7/1/20: _____

PARENT OR GUARDIAN: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: _____ CELL: _____

RELATIONSHIP: _____

I grant permission for _____ to attend the Sugar Maples Art Explorers Enrichment Experience Virtual Classroom 2020. I take full responsibility for his/her welfare in consideration of the program. I, intending to be legally bound for myself, my heirs, executors and administrators, do waive and release any and all claims and rights of damage I may have against the Catskill Mountain Foundation, either representatives, successors or assigns for any and all injuries suffered by my son/daughter in said program.

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE