

# Youth Art Classes

## Freewheeling Art Ages 10 – 13 years

Experiment with known and new techniques in painting, drawing and printing and discover the wild and wonderful creations you can make. Work at your own pace and level of experience. Whether you are looking to discover or enhance your already existing art skills this class is for you. Students will get an opportunity to learn and practice a variety of art skills using different materials. Students will create original and amazing works of art. No experience necessary, just wish to have fun with art. Students are encouraged to wear 'paint' clothes. Join instructor Penny Bateman for our new set of art lessons for youth.

### Program Details:

Ages: 10 – 14 Years

Dates: Saturday January 19 – Saturday March 2, 2019 (No Class on February 16)

Time: 10:45 a.m. – 11:45 a.m.

Cost: \$61.50/for 6 week session

Location: Benson Centre

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Please indicate any health issues, allergies, or medications leaders will need to be aware of:

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Family Member Contact: \_\_\_\_\_



...over

**OFFICE USE ONLY**  
**PAID BY:**

- Cash                       Debit  
 Credit Card               Other

Amount \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

**RECREATION SERVICES REFUND POLICY**

1. A full refund to be granted if program is cancelled. The department reserves the right to cancel programs due to insufficient registration.
2. A partial refund to be granted, other than for medical reasons, if notification received 48 hours prior to first class.
3. All refunds subject to a \$5.00 administration fee and to be pro- rated.
4. All refund requests due to medical reasons must be accompanied by a medical certificate and must be received prior to halfway through the session.
5. Allow four weeks for processing.

*The City of Cornwall will not be responsible for any medical, dental or hospital bills or any other expenses caused by injury to any person participating in the Cornwall Recreation Services programs. This being understood, registrant and parents hereby agree and save harmless and indemnify the City of Cornwall from claims for injuries.*

-----  
SIGNATURE OF PARENT OR GUARDIAN