

# Classes and Workshops

## Cultural Resources REGISTRATION FORM

Student Name: \_\_\_\_\_ M  F  Ethnicity (optional) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Please complete the following for students under 18

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

<i>Payment Method</i>	<b>CASH</b>	<b>CHECK</b>	<b>MONEY ORDER</b>	<b>CREDIT CARD</b> (Visa/Mastercard)
Make checks payable to: <b>Cultural Resources</b>			Check #: _	
Credit Card No. _____			Expiration Date: _____	CVC No _____
Cardholder's Name _____			Cardholder's Signature _____	
Cardholder's Mailing Address Zip Code _____			Phone # _____	

**Class to be taken (please write title as listed on website):** \_\_\_\_\_

PERMISSION TO PARTICIPATE: I/we, the undersigned, consent for me, my/our minor child/ward to participate in the programs sponsored by the City of Savannah. In consideration of me, my/our child's/ward's participation in the program I/we hereby agree(s) to assume all the risks and hazards incidental to said participations and do further agree(s) to release, absolve, indemnify and otherwise hold harmless the City of Savannah, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ward may receive as a result of such participation. I/we hereby agree(s) to waive all claims against the City of Savannah, its employees, administrators and agents.

PHOTO RELEASE: By signing below, I give permission for the City of Savannah and the Department of Cultural Resources to use my name and photographic likeness for purposes of documentation and marketing of program activities in newsletters, brochures and other publications and media.

MEDICAL CONSENT: Please list below any medical conditions, (including allergies), or other special needs concerning the participant. I/we understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my child/ward to participate. I/we give permission for any emergency medical care or treatment by a physician, surgeon, nurse, and doctor's assistant, or medical care facility that may be required and assume responsibility for the cost of medical care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Procedures and Policies

### ***Registration:***

Registration should be made as soon as possible; class size is limited and spaces are filled on a first-come, first-serve basis. You will be notified if the class for which you are registered is not full by the Friday before the classes start.

### ***Payment:***

Full payment is due upon enrollment. Cash, checks and credit cards (Visa/Mastercard) are accepted. Registration forms received without payment will not be processed.

- **By Mail**

Complete the registration form and send it with check or money order made payable to **Cultural Resources** or complete the credit card information.

Please mail all registrations to

***Department of Cultural Resources:  
201 Montgomery St, Savannah, GA 31401.***

- **In Person**

**SCAC hours are:**

Mon. – Thurs: 9am – 7pm

Friday: 9am – 6pm

Saturday: 9am – 2pm

Sunday: CLOSED

Cultural Resources is housed at the Savannah Cultural Arts Center which is located at  
***201 Montgomery St, Savannah, GA 31401***

### ***Cancellations, Withdrawals & Refunds:***

- Cultural Resources reserves the right to cancel, to combine or reschedule classes, or to change class instructors, when necessary.
- Cultural Resources will not provide make-up classes or issue refunds to those who miss classes due to illness or other events beyond our control.
- Cultural Resources reserves the right to refuse enrollment to participants with a history of unacceptable behavior.
- If Cultural Resources cancels a class for any reason, all registered participants will be informed as soon as possible and extended the opportunity to transfer to another class. If participants do not wish to transfer to another class, a full refund will be processed.
- There is a \$25 withdrawal and/or transfer fee. Notice of withdrawal or transfer must be made in WRITING to Cultural Resources, and it must be received by noon the Friday before the first day of class. No refunds will be made for withdrawals after that time.
- Failure to attend sessions or verbal notification will NOT be regarded as an official notice of withdrawal.

### ***Parking:***

- Parking is available at the surrounding parking garages, as well as surrounding legal on street parking spots.

**If necessary, more information will be sent out via email prior to the start of any class or workshop**