



2025 Adults Fine Arts Program Registration Form

Thank you for your interest in our art program. Please complete the following form in full. Upon completion, please sign and return to our office.

PART 1 | INFORMATION

STUDENT'S FULL NAME	DATE OF BIRTH	<input type="checkbox"/> M	<input type="checkbox"/> F
STREET ADDRESS	APT/UNIT		
CITY/TOWN	IL	ZIP CODE	

Promotional Publications

Our art program may give permission to appropriate staff and/or outside media, to photograph and record (video and audio) classes, programs, and participants at all our facilities and properties. Please be aware that these photos or recordings are for promotional purposes and maybe used in future print or electronic publications and media communications. By checking yes below, you consent to the video or audio recording or taking of photographs for these purposes.

Yes No

PART 2 | CONTACT INFORMATION

EMAIL ADDRESS	PHONE NUMBER
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PART 3 | SIGNATURE

I _____ acknowledge that I have received, read, understand, and agree to abide by all ACF student registration and attendance policies and procedures. I give permission for said minor to participate in the ACF Art program. I understand that by signing this authorization, I will not hold ACF liable for any injuries incurred while participating in program activities in which I have enrolled said minor. I understand that ACF is not responsible for any payments incurred due to medical care for said injuries.

PRINT NAME

SIGNATURE

DATE SIGNED