ENROLLMENT FORM
Lively Spaces Program July 2016
Colby College Museum of Art, Waterville, Maine

__________________________
Child’s name

__________________________
Child’s grade (Fall 2016)

__________________________
Parent/Guardian name

__________________________
Phone number

__________________________
Email address

PERMISSION FORM
MY CHILD MAY:
• Help create and perform in a dance and writing performance at the Colby Museum of Art.
• Be videotaped or photographed for reporting or educational purposes, including possible display on websites about arts education. I understand that local media may cover the performance.

Check here____ if your child’s name and image may not be published or made public

I UNDERSTAND THAT MY CHILD IS MAKING A COMMITMENT TO:
• Attend all rehearsals as well as the performance on Saturday, July 30. (Students who miss more than 2 rehearsals may have limited roles in the performance and program)
• Attend the camp for the full three weeks
• Choose respectful and responsible behavior throughout the Lively Spaces program.

PARENT/GUARDIAN SIGNATURE REQUIRED

__________________________
(Parent/Guardian signature here)

__________________________
(Print Parent/Guardian name here)

Please mail to Colby College Museum of Art, Attn: Margaret Aiken, 5600 Mayflower Dr, Waterville, ME 04901