

BMCA Class Registration

Please use separate form for each student

Date _____

Student's Name _____

Parent's Name (if under 18) _____

Address _____

City, State, Zip _____

Phone _____ Cell _____

Email _____

Emergency Contact _____

Phone _____ Cell: _____

Any Special Needs _____

Class _____

Day & Time of Class _____

I would also like to support BMCA as a Contributor:

Donation \$ _____

Class Fee \$ _____

TOTAL \$ _____

Withdrawal: Course fees (less \$10 administrative fee) may be refunded if the request for withdrawal is received by the first class. Fees cannot be refunded after the time expenses are incurred.

Waiver: I give my consent for the above student to participate in the Black Mountain Center for the Arts (BMCA) program. I will not hold the BMCA liable in case of accident or injury as a result of this participation. I authorize any medical treatment which may be advised or recommended by an attending physician in the event of an emergency while participating in the program.

Adult Signature: _____

We accept cash, credit card or personal check payable to:

BLACK MOUNTAIN CENTER FOR THE ARTS
225 WEST STATE STREET
BLACK MOUNTAIN, NC 28711

** Please Note **

Classes will follow Buncombe County Schools for scheduled holidays off and for weather related delays or cancellations.

Questions? Call: 669-0930

email: bmca@BlackMountainArts.org