

Fairbanks Weavers & Spinner Guild FALL Youth Program

THURSDAY & FRIDAY, OCTOBER 25 & 26, 2018

FEE: \$40.00 per ALL DAY session, \$20 PER HALF DAY sessions, \$80 for both days, morning and afternoon
 \$80.00 for all 4 sessions for both days, includes snack.

Arrangements for early drop off or late pickup for an additional fee of \$10.00.

TO REGISTER: CALL 452-7737

EMAIL ADDRESS : fairbanksweavers@gmail.com

LOCATION: RM 219 WEAVING STUDIO 516 2nd Avenue DOWNTOWN

Bring check or cash along with this form. Forms will be available at the studio.

Child's Name _____ Age _____

Parent/Guardian Name _____

Mailing Address _____

Phones: Home _____ Work _____ Mom's Cell _____ Dad's Cell _____

Email _____

The Fairbanks Weavers & Spinners Guild is offering for the first time a Youth program for the days that are listed as **School District NO SCHOOL DAYS** offering a variety of choices for everyone to choose from for both days.

October 25 & 26

The options may change for each session so let us know what you are interested in.

The Beading class is only on Thursday morning.

9am-4pm	8-15	Beading Project	Thursday & maybe Friday
9am-4pm	6-15	Weaving & Loom projects	Both Thursday & Friday
9am-4pm	9-15	Machine Sewing: Beginning & Intermediate	Both Thursday & Friday
9am-4pm	8-15	Soft World of Animal Toys	Both Thursday & Friday
9am-4pm	6-15	Sewing & Quilting	Both Thursday & Friday

FEE: \$40.00 per ALL DAY session, \$80 for both days, morning and afternoon **NO HALF DAY SESSIONS**
 \$80.00 for all 4 sessions for both days, includes snack. Arrangements for early drop off/late pickup for additional fee of \$10.00. Bring this form and check or cash. Send form by email or bring on Thursday.

AUTHORIZATION FORM FOR HEALTH & PARTICIPATION

CHILD'S HEALTH: Any Allergies? ___ No ___ Yes -- Foods? _____ Bees ___ Other _____

Taking any Medications: ___ No ___ Yes ___ What kind? _____

Any precautions _____ Any condition that we should be aware of _____

My son/daughter has permission to participate in all prescribed activities, except any noted by me: _____

I recognize that my child will be participating in activities with other children and accidental injuries or illness may result. I assume the inherent risks of my child participating in the program.

_____ Yes I authorize my child's participation _____ No I do authorize my child's participation .

In the event of an accident or illness, first aid will be administered and parent's emergency numbers will be called. All reasonable efforts will be made to contact parents/guardians prior to any treatment by a physician. _____ I authorize treatment of my child on an emergency basis if parents cannot be reached & the child requires emergency care by a physician.

I understand the children may be crossing the street to the park for a break under supervision of instructors or assistants. _____ I do grant _____ I do not grant permission for this activity.

Photographs of participants may be taken for publicity purposes in a slide show highlighting the Summer Fiber Arts Program or may be used for publicity in the Daily NewsMiner or on our web site showing projects relating to the program. In addition, photos will be used in future grant applications and brochures. ___ Yes ___ No. I authorize the Fairbanks Weavers & Spinners Guild to use any photographs for these purposes. I authorize the following person or persons other than myself to pick up my child or children from class: _____

Signature of the Parent/Guardian _____ DATE _____