



BUFFALO  
GROVE  
PARK  
DISTRICT

# AMAZING ART

For Grades 1 - 5

Amazing Art combines all your favorite art projects and mixed media in this unique class. Kids will make Tie Dye shirts (art smocks for the session), experience pottery painting, create fired ceramic arts, paint a canvas acrylic painting, do recycled arts projects and more. Lessons will include concepts and techniques kids can use for a lifetime and the experience of creating awesome projects will result in great self esteem and a sense of accomplishment. All new lessons for every session.

\$120 for a 6 week session

- Parents are responsible for transportation after the program.
- All materials supplied by Sunshine Craft.
- Meet in art room.
- Personal absences are forfeited.
- Cancellations will only be refunded if the spot can be filled to meet class minimum requirement.
- Questions? Call Allison Christopoulos at 847.850.2146

Mondays  
**April 17 - May 22**

at Country Meadows  
**3:05 - 4:05 pm**  
Indoor Park Area

On-line registration  
is available at  
[bgparks.org](http://bgparks.org)

Set up your account  
today!



**Sunshine Craft**  
*Pottery and Craft Studio-Since 1980*

Forms can be faxed to 847.459.5741

or mailed to

The Buffalo Grove Park District

530 Bernard Drive, Buffalo Grove, IL 60089

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent contact phone number after school \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents Email \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Payment** (Checks payable to Buffalo Grove Park District)

Class # 461163-01

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card holder (print name) \_\_\_\_\_

Amount of Payment \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Charge My:  Visa  Mastercard  Discover  AMEX

**Waiver and Release of All Claims - Must be signed or registration cannot be processed.**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services.

**Photo Disclaimer:** Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

\_\_\_\_\_  
Signature of Participant (or of parent if participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*Due to internet security precautions, this payment form is only accepted via fax, mail or in-person. Credit card information is not accepted via email.