



BUFFALO  
GROVE  
PARK  
DISTRICT

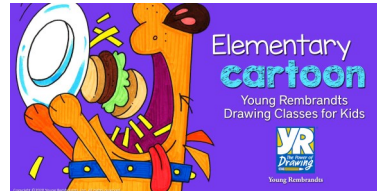
# Young Rembrandts

For Grades 1 - 5



Young Rembrandts

Does your child have a great sense of humor to complement his or her artistic skills? If so, your child will LOVE a Young Rembrandts Cartoon class. Our students will learn how to personify inanimate objects, as they breathe life into everyday clocks. Popular pets will also see the cartoon treatment as they're transformed into colorful characters. Then we will imagine ourselves traveling to far away worlds as we illustrate amazing alien beings. We will also demonstrate to our students that drawing toys can be just as much fun as playing with them. All this and more await our students. Enroll your student today!



Thursdays  
**April 9 - May 14**

at Kildeer  
**3:05 - 4:05 pm**  
Teacher's Lounge

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

Set up your account  
today!

**\$103 for a 6 week session**

- Parents are responsible for transportation from school.
- All materials supplied by Young Rembrandts.
- Personal absences are forfeited.
- Cancellations will only be refunded if the spot can be filled to meet class minimum requirement.
- For questions, please contact Amanda Busch at 847.850.2134

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: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Parent Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

<b>Payment</b> (Payable to Buffalo Grove Park District)	Cash	Check	Credit Card (Visa, MasterCard, Discover)
Class # 461160-03			
Name on Card: _____	Card Number: _____	Expiration: _____	
Authorized Signature: _____	Date: _____		

**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