



THE HEALTHY CULPEPER AFTER SCHOOL ARTS PROGRAM FALL 2009

- Open to any MS/HS age student residing in Culpeper
- **Classes begin September 29 and 30**
- **Located at the Culpeper Middle School**
- On-Site Coordinator for Monitoring/pre-class activities
- Administered by Healthy Culpeper (Non-profit 501c3)
- **\$5 REQUESTED DONATION PER CLASS**

- **Support provided by:** Culpeper Public Schools, Culpeper Human Services, Culpeper County Parks & Recreation, Windmore, Mid-Day Lions, Clore-English Funeral Home, Wal-Mart and other private sources
- Access to Culpeper County Public School activity bus after the arts classes - (Bus shop 825-5446)
- **Exhibition: Dec. 12, Sat. 2pm-4pm, at The Depot**

CHECK OUT OUR CLASSES held at Culpeper Middle School!

TITLE	INSTRUCTOR	LOCATION	TIME	SCHEDULE
Animal Art – Learn how to draw your favorite animal, paint it and sculpt it!	Michelle Powell	Art Room 1	Class time: 4:00-5:30 Snacks will be available for participants from 3:15-4:00 p.m.	<u>Tuesdays</u> Sept. 29 Oct. 6, 13, 20, 27 Nov. 10, 17 Dec. 1, 8 <u>Exhibition Dec.12</u>
Express Yourself! – Through this awesome poetry and creative writing class.	Marilou Schunter	Classroom		
Guitar for Beginners – Learn beginning guitar chording and strumming.	Darcy Canton	Band Room		
Life Drawing – learn drawing basics from still life to figures. Prerequisite for cartooning class next semester.	Kenneth Pargeon	Art Room 1	Class time: 4:00-5:30 Snacks will be available for participants from 3:15-4:00 p.m.	<u>Wednesdays</u> Sept. 30 Oct. 7, 14, 21, 28 Nov. 4, 11, 18 Dec. 2, 9 <u>Exhibition Dec.12</u>
Hoop Dance – Explore the latest form of dance! Improve rhythm, hand-eye coordination, have fun, and get a great workout!	Kelsey Walker	Cafeteria		
The Art of Cooking – Cook up a masterpiece in this exciting, hands-on cooking class! \$10.00 fee for food	Georgette Yates	TBA		



Interim Director: Denise Walker
Phone: 540-829-2065 x313
Fax: 540-829-0927
E-mail: dwalker@culpeperhumanservices.org

www.healthyculpeper.org



DO NOT RETURN REGISTRATION FORM TO SCHOOL

Questions? Please contact:
Denise Walker at 829-2065 x313
dwalker@culpeperhumanservices.org
OR
Vicki Richards at 829-2065 x309
vrichards@culpeperhumanservices.org

*Please return registration form to Healthy Culpeper, 763 Madison Rd., Suite 208, Culpeper, 22701 or FAX: 829-0927

STUDENTS MUST PRE-REGISTER – WALK INS WILL NOT BE PERMITTED

ASAP REGISTRATION FORM: FALL 2009

PLEASE FILL OUT COMPLETELY AND SUBMIT BY September 25 TO:
Healthy Culpeper • 763 Madison Road • Suite 208 • Culpeper, VA • 22701

PROGRAM CHOICES (Please choose only one class):

- **1st Choice:** Animal Art Express Yourself! The Art of Cooking
 Life Drawing Hoop Dance Guitar
- **2nd Choice:** *(Please select 2nd choice- just in case 1st choice is already filled)*
 Animal Art Express Yourself! The Art of Cooking
 Life Drawing Hoop Dance Guitar

IDENTIFICATION INFORMATION						
Participant	Last:	First:		Age:		
	Address:	City:			Zip:	
	Phone:	School:			Grade:	
	All students must be picked up in front of Culpeper Middle School at 5:30.					
Father/Guardian	Last:	First:				
	Address:	City:	State:	Zip:	Email:	
	Home Phone:	Work Phone:		Cell Phone:		
Mother/Guardian	Last:	First:				
	Address:	City:	State:	Zip:	Email:	
	Home Phone:	Work Phone:		Cell Phone:		
HEALTH INFORMATION						
Allergies/Restrictions						
Meds/Special Concerns						
EMERGENCY CONTACT (Other than Parents)						
Contact Person	Last:	First:		Relationship:		
	Home Phone:	Work Phone:		Cell Phone:		
PICK UP-PERMISSION TO RELEASE (Please list all persons your child may be released to)						
#1	Last:	First:		Relationship:		
	Home Phone:	Work Phone:		Cell Phone:		
#2	Last:	First:		Relationship:		
	Home Phone:	Work Phone:		Cell Phone:		

***Assumption of Risk and Release: (All participants and a parent/guardian must sign)**

In agreeing to participate in the program, as a participant or as a parent or a guardian of a participant, I and/or the participant do hereby affirm that the general health of the participant is good, and that the participant is capable of performing an activity of this nature. In consideration of participating in this activity, I and/or the participant do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability, action, cause of action, claims, and demands of every kind or nature whatsoever that I and/or the participant have or which arise from or in connection with my participation in this activity including Healthy Culpeper, the County of Culpeper, Virginia, Culpeper County Public Schools and all their officers, agents, employees, staff, volunteers and successors. It is likewise assumed and agreed that the participant will, at his own expense, wear the proper clothing and protective equipment during the activity, and that it is the responsibility of the participant or parent or guardian to make sure the criteria are met. I grant my permission to Healthy Culpeper or its agents to transport the participant to and from an event or activity when required and hold harmless those assigned to transport. I also agree to allow transportation of the participant to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to the injured participant, if and when deemed necessary.

Participant Name (Please Print)	Signature	Date
Parent / Guardian Name (Please Print)	Signature	Date

***Photo Waiver: (Parent must sign)** I give, do not give permission for my child to have their photo taken during the After school Arts Program for the purpose of the After School Arts Program's promotional and fundraising needs - in newspapers, posters, post cards, flyers, fund raising letters, and After School Arts registration forms

Parent/Guardian Name (Please Print)	Signature	Date
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Instrument Agreement (Must be signed by participants in Violin/Guitar classes and parent/guardian)

I accept the musical instrument as a participant in the program and agree, for the course of the program, to maintain the condition of the instrument by: Not exposing the instrument to extreme temperatures or moisture, Keeping the instrument in the case when not in use, Keeping any accessories in good working order; I agree to coordinate any repairs on the instrument with the teacher so that an experienced and qualified repairman completes the work. I agree to reimburse Healthy Culpeper for the value of the instrument and any accessories in the event that the instrument or any accessories are damaged, destroyed, or misplaced during the program term.

Participant Name (Please Print)	Signature	Date
Parent / Guardian Name (Please Print)	Signature	Date