



CHOPLET Ceramic Studio and Gallery

Registration Form Winter 2021 After School Program

238 Grand Street, Brooklyn, NY 11211

917.547.8316

info@choplet.com

**Social-Distancing and Hygiene Guidelines:**

- Kids and Staff are required to wear a mask over their nose and mouth at all time.
- Participants will be instructed to clean their hands and forearms with soap upon arrival, when having used the restroom, and at the end of the day.
- Our outdoor studio is equipped with a sink. Participants will be instructed to clean their hands and forearms with soap upon arrival, when having used the restroom, and at the end of the day.
- Each kid must bring their own tool kit and apron to each class. If they do not have one, please order them on the tool kit and clay for sale page on Choplet website, no later than 48 hours before the start of the session.
- All participants should limit the number of outside belongings being brought to class to mask, tools and allergic equipment.

For more information, please see [the CDC Regulation Guidelines for Youth and Summer Camps.](#)

Student's name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Child's School \_\_\_\_\_ Grade Level \_\_\_\_\_

Medical conditions and Allergies \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Parent/Guardian name #2 \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Emergency Contact name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Alternative Authorized Person to pick up the child:**

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phones: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

I, \_\_\_\_\_, he parent and or guardian of \_\_\_\_\_ minor,  
authorize my child to go home on their own.

\_\_\_ YES \_\_\_ NO

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature

\_\_\_\_\_

Date

## Release of Liability and Consent form

I, \_\_\_\_\_, the parent and or guardian of \_\_\_\_\_ minor, knowing the risks involved in ceramics, including wheel throwing, hand building with tools, voluntarily sign this waiver and assumption of risk in favor of Choplet Design sur Grand (the Company) for the opportunity to have my child pursue the creation of ceramic art and/or to receive instruction from the Company's employees and/or contractors. I waive and release the Company, its employees and its contractors from any claim for personal injury, property damage that may arise from my use of the facilities or from my child's participation in the activities or instruction. In the event the child named above is injured or ill, I understand that Choplet Studio will attempt to contact me, the other parent, or the legal guardian associated with this registration. In the event that I or the others listed on my child's registration are not available or that the emergency is such that EMS must be contacted first, I give my permission for Choplet Ceramic Studio's staff to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to the nearest medical facility. I agree to pay all fees and costs arising from the action to obtain medical treatment. I also give permission for attending physician(s) or other medical personnel to administer any needed medical treatment, including surgery and I agree to pay for the medical treatment.

I understand that there are certain risks and dangers associated with the activity and use of the facilities and that these risks have been fully explained to me. I fully understand the dangers involved.

I fully assume the risks involved as acceptable to me and my child has the ability to exercise judgment in undertaking these activities and follow all safety instructions. I authorize Choplet Studio to photograph or film myself and/or my child without compensation, as well as the ceramic work produced, for the use in the studio's promotional efforts.

I have read and accept the policies of Choplet studio and the social distancing and hygiene guidelines that will be implemented for the full duration of the classes. I further understand and accept that if my child cannot follow instructions within these guidelines, I will be contacted to pick them up. I understand that Choplet Studio reserves the right to cancel a class as a result of insufficient enrollment. I am aware that a \$100 non-refundable deposit is required to register and hold a spot in a class and that the balance will be refunded to me oif I provide the cancellation in writing, no later than 7 days prior the first day of class. No refunds available is available thereafter. In the event the after school session has to be interrupted under the directive of CDC guidelines, I understand that Choplet will convert from in person to online instruction and I will not receive a refund or a credit.

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Parent/ Guardian Signature

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Date