



West Springfield Park & Recreation Department

in partner with.....

Terriers Around Town

Children's Art Classes



The West Springfield Park & Recreation Department, along with the Terriers Around Town, are pleased to offer Children's Art Classes for children ages 6 & up. These art lessons will be held on Fridays at the UNICO Building, located in Mittineague Park, for five week sessions. The cost will be \$30.00 per child and will include all supplies for water color and drawing. Local artists Joan Barnard, Sue Urban & Sue Newman will be the instructors.

<u>Activity #</u>	<u>Ages</u>	<u>Time</u>	<u>Dates</u>	<u>Fee</u>
402000-2	6 & Up	3:30-5:00pm	Oct 21, Nov 4, 18, Dec 2, 9	\$30
402000-3	6 & Up	3:30-5:00pm	April 28, May 5, 12, 19, 26	\$30

To register for this program, fill out the form below, detach and mail to:

West Springfield Park & Recreation Department, 26 Central Street - Suite 19, West Springfield, MA 01089

FMI: (413) 263-3284

Checks or Money Orders made payable to: Town of West Springfield

West Springfield Park & Recreation Registration Form

Parent Name _____

(parent/guardian if participant is under 18 or under legal guardianship)

Street Address _____

City _____ State _____ Zip _____

Is this a change in address? ☐ Yes ☐ No

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail address _____

Birth Certificate required for new participants!

Activity #	Last Name (child's)	First Name (child's)	Address/City	M/F	D.O.B.	Fee

Please read and sign

I am aware that participation in any recreational activity may involve the risk of injury. I have reviewed the activities required to participate in this program as set forth above, and I am able to perform these activities. I realize that the submission of any false or knowingly misleading statement made in completing this form by the participant or by his or her parent or guardian, will be grounds for the removal of the participant from the program and the forfeiture of any fee paid. Recognizing that there is a risk of injury in my participation in this program. I hereby release, and discharge, and agree to indemnify and hold harmless, the Town of West Springfield, it's employees, contractor instructors, and volunteers from any and all liabilities and cause of action that I or my child may have arising out of participation in this program.

Parent/Guardian Signature: _____ Date: _____

Total Enclosed _____

_____ Cash (do not mail cash)
_____ Check/Money Order

Make checks payable to:
Town of West Springfield

Mail to:

West Springfield
Park & Recreation Dept.
26 Central Street - Suite 19
West Springfield, MA 01089