MEXICAN AMERICAN
CULTURAL CENTER

Acuarelas y Cultura: Kids Watercolor Class

Participant's Full Name: _____

Age of participant: _____

Full name of parent/legal guardian: _____

Mailing Address: _____

City: _____ **State**: _____ **Zip Code:** _____

Email: _____

Main Phone Number: _____

- **Alternative Point of Contact:**

  Name: _____ **Phone Number:** _____

- **Authorized Pick-up Person (other than parent/guardian listed above), if any:**

  Name: _____

  Phone: _____

  Relationship: _____

Please read and acknowledge the information below, regarding the Acuarelas y Cultura: Kids Watercolor Class

REFUND POLICY

Refunds for classes are given **only** under the following conditions:

1. If the class is cancelled due to unforeseen circumstances or doesn't meet the minimum enrollment requirements.
2. If a refund is requested by the parent/legal guardian at least five days before classes start.

There will be no partial refunds or credits.

Refunds will not be given in case of a suspension or an expulsion.

CODE OF CONDUCT

Participants enrolled in any program provided by the Mexican American Cultural Center are expected to behave in an appropriate manner in order to create and ensure a positive, safe, and healthy environment for all.

In the interest of the safety of all parties involved, participants are required to adhere to the Code of Conduct described below:

1. **Each participant is expected to:**
   a) Behave in a proper manner displaying courtesy to others at all times.
   b) Respect the difference in opinion of others. Be open to feedback and be a good neighbor.
   c) Respect the property of others, including the property and equipment belonging to the Mexican American Cultural Center and the City of El Paso.
   d) Clean up after themselves and take care of all equipment and supplies being used.
   e) Listen to and follow all instructions from the instructor, staff, and volunteers.

2. **Participants are not allowed to:**

a) Use any vulgar language, profanity, or any other inappropriate gestures.
b) Run, push, shove, or throw any objects.
c) Yell, scream, or make loud and unnecessary noises that may disturb the lessons and activities being conducted in the vicinity.
d) Be involved in any incidents involving the use of drugs, alcohol, and/or weapons.
e) Leave the location where the program is being held without the consent of the instructor, staff, or volunteers.
f) Take any equipment and supplies belonging to the Mexican American Cultural Center or the City of El Paso unless otherwise advised by the instructor, staff member, or volunteer.
g) Harassment of any kind, including verbal, physical, and/or of a sexual nature, will **not** be tolerated.
h) Any form of discrimination will **not** be tolerated.

In the event that these expectations are not met, the following disciplinary actions will be carried out as follows:

1. The participant will be given a verbal warning by staff, instructor, and/or volunteers.
2. The parent/legal guardian of the participant will be notified of the situation.
3. The parent/legal guardian will be asked to meet with staff to discuss the issues regarding the participant's behavior.
4. In the event that discussion with parent/legal guardian has not helped, participant will be restricted from the remainder of the program.

No refunds will be issued due to suspension or expulsion of the program, regardless of how many days participant has attended.

- I have read and discussed the Code of Conduct with my child, and understand if the above expectations are not followed, my child will be suspended or expelled from the program after all disciplinary procedures have been implemented.
- I understand that no refunds will be issued due to suspension or expulsion of the program, regardless of how many days the participant has attended.

Parent/legal guardian Printed Name: _____

Parent/legal guardian Signature: _____

Date: _____

MEDICAL INFORMATION

Does your child have any food allergies? YES / NO

If Y, please specify: _____

Is your child allergic to any medication YES / NO

If YES, please specify: _____

If your child has any other allergies, please specify or enter N/A if it does not apply:
_____

Does your child have any medical conditions or physical limitations? Please specify below or enter N/A if it does not apply:

_____

Emergency Contact Information

In case of emergency, we request the name and contact information for at least one person, other than the parent/guardian listed on the first page of this packet.

Please provide the contact information for the participant's physician, as well.

All information is required for the packet to be accepted and the registration to be completed.

Emergency Contacts

1. Name: _____ **Phone Number:** _____

Relationship: _____

2. **Name**: _____ **Phone Number:** _____

Relationship: _____

Physician Contact Information

Child's Physician: _____

Physician's Phone Number: _____ Insurance Provider: _____

Name of Policy Holder: _____ **Policy Number: _____**

<u>Medical Emergency Approval</u>

Please write your initials below to acknowledge:

_____ **I give permission to the Mexican American Cultural Center to arrange for emergency medical attention to my child in my absence.** I understand that the Mexican American Cultural Center will make every effort to contact me or my emergency contact in case of an emergency.

_____ **I understand that I am liable for any medical care costs incurred in the case of emergency treatment.**

_____ The information provided on the preceding pages is correct and current to the best of my knowledge and will notify the Mexican American Cultural Center of any changes to my address, phone number, emergency contacts, etc., as soon as these changes occur.

CITY OF EL PASO
Mexican American Cultural Center
Photography, Video and Recording Consent and Release of Liability

I _____ for Child _____
(Parent/Guardian Printed Name) (Child's Printed Name)

grant permission to the Mexican American Cultural Center, its employees, volunteers, contractors and agents, and the City of El Paso, its employees, volunteers, contractors and agents, the irrevocable and unrestricted right to photograph and record my child (both in video and voice recording) while at the 2026 **Acuarelas y Cultura: Kids Watercolor Class** for general publicity purposes including publication, promotion, advertising, and for historical archival.

I further authorize the Mexican American Cultural Center, its employees, volunteers, contractors and agents, and the City of El Paso, its employees, volunteers, contractors and agents to use and re-use, share and re-share, publish and re-publish online any still or video photographs of my child, as well as any electronic recordings and other illustrations in whole or in part. I also consent the use of these for any printed matter connected therewith.

I hereby waive any right I may have to inspect and approve the finish product(s) and printed material that may be used.

I agree to release and hold harmless the City of El Paso and the Mexican American Cultural Center and its employees, volunteers, contractors and agents from all liabilities, losses, suits, claims, judgements or demands arising out of the use of these photographs or recordings for the purpose set out in this consent and release form.

I further understand that I will not be compensated in any way for the use of my child's picture, video, or voice recording and waive any right I might have to compensation.

Parent Signature: _____ **Date**: _____

Child's Name (Printed): _____

CITY OF EL PASO
Mexican American Cultural Center
Release of Liability Agreement

I _____ hereby acknowledge that _____
(Parent/Guardian Printed Name) (Child Printed Name)

has agreed to participate voluntarily in the *Acuarelas y Cultura: Kids Watercolor Class*

I agree that in the event my child sustains personal injury or properly loss or damages as a result of participating in the *Acuarelas y Cultura: Kids Watercolor Class,* the City of El Paso, the Mexican American Cultural Center, and its employees will not be liable for such injury, damage, or loss.

I understand it is my responsibility to assess the ability of my child to safely participate in the program and understand that certain activities may be potentially dangerous, and I assume all risks associated with the participation of the program.

I hereby agree that I, my heirs, family members, legal representatives, and executors will not make claims against, sue, or prosecute the City of El Paso and the Mexican American Cultural Center and its employees in the event of personal injury or property loss or damages.

I have carefully read this agreement and understand its contents. I am aware that this is a release of liability and contract between myself and the Mexican American Cultural Center.

Parent/Legal Guardian signature: _____ **Date**: _____