



This class is for all the aspiring artists who love drawing and painting. You will learn and improve on basic drawing skills and explore various techniques and media that will make your art beautiful! Age appropriate lessons help each student grow and develop their skills and creativity. Students use a variety of media: Water-based Paints (Acrylic, Watercolor, and Tempera), Vine Charcoal, Oil and Chalk Pastels, Graphite, Color Pencil, Water-color Pencil, and Ink. Students are introduced to artistic concepts such as shading, proportion, composition and basic color mixing. Advanced students pursue their individual artistic interests and learn more advanced techniques.

For more info, please e-mail instructor at Jo@artistsinbloom.info

Session Date: Fridays, April 23 – May 14, 2021

<u>Day of the week</u>	<u>Ages</u>	<u>Times</u>	<u>Fee (Res./NR)</u>	<u>Site</u>	<u>Activity #</u>
Fridays	6 -10	5:30-6:15pm	\$65/\$75 (4 weeks)	Marshall Ctr.	201504-12
Fridays	11-18	6:30-7:15pm	\$65/\$75 (4 weeks)	Marshall Ctr.	201504-13

Supplies Needed: 11x15 watercolor pad (140lb); 11x14 drawing pad (70 lb), graphite pencils (HB, 2B, 4B, 6B), kneaded eraser, pencil sharpener, pencil box or bag. (Don't worry if you can't find all the supplies; I can show you the supplies at the first class). Families enrolling 2 or more children may share watercolor and drawing pads.

For questions about supplies contact "Miss Jo" Rancel at 703-501-3489.

Registration Dates: March 29 – April 16, 2021

Location: Marshall Center Room A

Complete the registration form and return it, along with the fee, to the Parks and Recreation Department located at Loriella Park. **Birth Certificate required at the time of registration, if one is not already on file with the Department, for everyone under the age of 18.** Class is open on a first come, first serve basis or until full. Make checks payable to: "**Treasurer, Spotsylvania County**". There is a \$50 service charge on all returned checks. There will be an additional charge of \$10 on all late registrations.

Register online at www.spotsylvania.va.us/parksandrec. **A Household Waiver needs to be completed and on file at the Parks and Recreation office prior to registering online.** 2.75% NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS.

Withdrawals: Those wishing to withdraw from the program must do so by contacting the Spotsylvania Parks and Recreation Department by the posted registration deadlines. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. Failure to attend class does not constitute a proper withdrawal, and the participant will not receive a refund. There will be no refunds given to those who withdraw from the program after April 16, 2021.

Directions to the Marshall Center:

Class will be held at the Marshall Center Building, 8800 Courthouse Road. Take Route 208 toward Spotsylvania Courthouse to Courthouse bypass. Turn left at the first traffic light on the bypass toward Rt. 208 Business. You will reach a traffic light at the end of the road (Chewing's Grocery will be on your right.) Turn left onto Courthouse Road and follow for approx. ¼ mile to the Marshall Center on your right. Turn right into the parking lot.

SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
P.O. Box 28 Spotsylvania, Virginia 22553 (540) 507-PLAY (7529)

www.spotsylvania.va.us/parksandrec
Leisure Activity/Class Registration Form

Please Print Legible-

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Is this a new address or phone number? _____ Email Address _____

Primary # _____ Secondary Contact # _____ Alternate # _____

Age (where applicable) _____ Birth Date _____

Birth Certificate is (circle one): On File Enclosed (A birth certificate must accompany this form if not already on file.)

Shirt Size (if applicable) (circle one): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XLarge (46-48)

Medical conditions, injuries or allergies: _____

Emergency Contact: _____ Phone _____

Class/Activity Name _____

Class/Activity Date (s) _____ Activity Number _____

Fee \$ _____ (Add \$10 if registering after the deadline date stated on front page of form)
(\$50 Fee On All Returned Checks)

(2.75% Non-Refundable Convenience Fee Charged On ALL Credit/Debit Card Transactions)

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/Guardian Signature _____ Date: _____

Print Name _____

Checks payable to "Treasurer, Spotsylvania County". (\$50 Fee On All Returned Checks)

COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):

Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. _____ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. _____ (primary guardian initials)