

# Exploring Watercolor

**\*Tuesdays Starting 9/20/2022**

Dates: 9/20, 9/27, 10/4, 10/11, 10/18

**\$45**

After School  
3:30pm-4:30pm



Students will be escorted to the Town Hall after school to paint original watercolor masterpieces. They will learn and practice different techniques and paint a variety of subjects from landscapes, seascapes, animals, and abstracts. A completed project will be brought home each week! **Cost for the 5 sessions, including supplies, is \$45.**

Our instructor, Mary Lou Narowski, is an accomplished, creative, local art instructor and former teacher with years of experience teaching and mentoring children.

Pre-registration is required in order to participate. **We are unable to accept same-day registrations.**

Please complete this form and either email it to [acofrancesco@bethany-ct.com](mailto:acofrancesco@bethany-ct.com), send it through BCS, or drop it off in our mailbox outside of Town Hall. Checks can be made payable to Bethany Parks and Recreation.

Online payments can be made at <https://www.websterpaymentlink.com/ebpp/bethanyparks/>

Please let BCS know your child will be participating in our program so they know to release them to us.

## Exploring Watercolor

Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Bus Number \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

For office use only:

Pmt Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Any special concerns, needs or medical such as allergies, asthma, etc. \_\_\_yes\_\_\_ no.

If yes please explain: \_\_\_\_\_

### WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE:  
(parent/guardian)

Date