



Jean-Paul and Elizabeth Jacquet, Directors  
398 Pomfret Street  
Pomfret, CT 06258  
860-208-8521

# Registration Form/ Legal Agreements

For July 9-22nd, 2023 Session, Mussy Sur Seine, France

**To secure your place at L'Atelier au Chateau, this form must be completed, signed, and submitted with a \$500\* deposit to the following address by December 1, 2022.**

L'Atelier au Chateau % Elizabeth Jacquet  
398 Pomfret St.  
Pomfret, CT 06258

Please make deposit checks payable to L'Atelier au Chateau LLC. Please contact us if you prefer to use VENMO or a wire transfer.

**\*the total remainder of \$3,450.00 is due by February 15<sup>th</sup>, 2023. This does not include your child's airfare.**

**Student's Name** \_\_\_\_\_

### Address/Info

Street: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Age at time of application \_\_\_\_\_

Current Grade Level    9    10    11    12

**Please describe your previous experience/education within the arts, particularly drawing:**

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**Parent/Guardian 1:**

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address (if different from student)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian 2:**

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Address (if different from student)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone \_\_\_\_\_

**Will both guardians be included in our follow up emails regarding schedules, additional forms, and other written materials?    Y    N**

If only one, which guardian will be the email contact? \_\_\_\_\_

**Student's Agreement:**

I understand that I will be sent a copy of L'Atelier au Chateau's rules and regulations as soon as my application has been accepted and I acknowledge that L'Atelier au Chateau has the right to dismiss me and return me home at my own expense, without a refund of my tuition if I am found to have violated these rules.

**Student's Signature:** \_\_\_\_\_



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**Parent/ Legal Guardian Agreement:**

I am giving my child/ward permission to participate in L'Atelier au Chateau from **July 9-July 22, 2023** in **Mussy Sur Seine, France**. By completing this registration form and signing this agreement, I confirm my awareness and acknowledge the risks of injury, which may be associated with travel. I agree that my child/ward will be an enthusiastic participant at L'Atelier and is capable of handling both the emotional and physical expectations of the program. Furthermore, I agree that, should my child/ward's conduct, at the sole discretion of L'Atelier, be considered in violation of the rules or otherwise detrimental to the standards or expectations of the program or other students, he or she may be dismissed from the program, without a tuition refund. I further agree that if my child/ward is dismissed from the program, L'Atelier au Chateau is no longer responsible for my child/ward. I affirm that L'Atelier au Chateau will have the exclusive authority to determine the manner and means of transporting my child/ward home without supervision, and that additional expenses (including but not limited to the entire cost of the transportation) shall be covered by me. In the event that L'Atelier elects to send my child/ward home with a supervising representative, all expenses of this representative (including but not limited to the entire cost of transportation) will be covered completely by me.

I have read the payment and refund policy as listed on the website ([drawinginfrance.com](http://drawinginfrance.com)), and agree to the terms cited. I understand and acknowledge that no refunds are available for any cause beyond what is cited. It is understood that L'Atelier may make use of students' photographs and testimonials in publicity materials, including brochures, posters, and websites, without payment of any consideration, and I hereby grant L'Atelier au Chateau permission for such use.

Further more, in registering for L'Atelier, I hereby understand and accept the following terms and conditions, the violation of which may result in my child/ward's dismissal without further notice. The possession of drugs, alcohol, and weaponry is strictly prohibited. The possession of any fire-starting device (lighters, Zippos, matches) is strictly prohibited. All participants must adhere to all rules of safety and conduct at all times as promulgated by L'Atelier and the jurisdiction where L'Atelier is located or travels to as an institution. Any violation of rules, terms and conditions, as well as behavior incompatible with the program, could result in dismissal of my child/ward at my expense as stated above. I authorize L'Atelier, at its sole discretion, to place my child/ward at my own expense and without any further consent or advance notice in a hospital for medical services and treatment or, if no hospital is readily available, to place my child/ward in the care of a licensed medical doctor for treatment. I hereby grant L'Atelier au Chateau full authority to take whatever actions it may reasonably consider to be warranted under the circumstances.

**Child/Ward's Name (print):** \_\_\_\_\_

**Parent/Legal Guardian Name (print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_