## REGISTRATION for ArtExtension Workshops for Home School Students VERY IMPORTANT: PLEASE PRINT CLEARLY

Student Name:	Parent Name(s):	
Street Address:	City:	Zip:
Parent Email:		
Parent Cell No.:	Alternate No.:	
Text Message okay?	Age in October 2017:	Grade 2017/18 school year:
Student gender:		
MY CHILD WILL ATTEND THE FOLLOWING (Please circle start date if not the first workshop date		
<ul> <li>□ October 5, 12, 19, &amp; 26</li> <li>□ November 2, 9, 16, &amp; 30</li> <li>□ January 4,11,18, &amp; 25</li> <li>□ February 1, 8, 15, &amp; 22</li> <li>□ March 1, 8, 15, and 22</li> <li>□ April 5, 12, 19, &amp; 26</li> <li>□ May 3, 10, 17, &amp; 24</li> </ul>		
Total payments enclosed or to be charged: \$		my Enrichment Certificate is attached.
☐ Invoice CCS - the Purchase Order is attached ☐ Check enclosed (please make payable to Fresno Art	t Museum) □ Cash □Visa □ MasterC	WEWOULD LIKE
Card No:	Exp:	TO KNOW  How did you hear about
Billing Zip code: CVV code:	(3 digits)	How did you hear about our art workshops? ☐ Vendor Fair
Name on Card:		☐ Friend referral ☐ Direct Email
Signature:		☐ FAM website
NOT A FAMILY MEMBER? Join FAM now and	receive the Member Discount.	☐ Facebook☐ Returning Student☐ Other☐
To check on your membership status, call Hamilton at 559-44 at Hamilton@fresnoartmuseum.org.	41-4221 x 132 or email him	
All membership levels enjoy Primary Membership Ben admission to opening receptions, free admission to Co		
Select One:  \$\sigma\$ \\$75 FAMILY MEMBERSHIP  Primary membership benefits for two adults and children up adults; four guest passes (\\$75 tax deductible).	to age 18, Discount on classes, bus excursion	ons, lectures, and more for children and
☐ \$150 CONTRIBUTING MEMBER (WESTERN MUSEUM Primary & Family Membership benefits listed above. Plus, you admission to over 800 museums throughout North America a	ir FAM membership card with WMG & NA	RM logos gains free or reduced
☐ I am interested in supporting the Museum at higher levels options to support FAM exhibitions and programming.	or upgrading my current membership. Plea	ase contact me to discuss my many
☐ I enclose membership fee with my check OR ☐ Please	charge my card for the Membership level:	selected above.

Please complete and sign back of this form.

## EMERGENCY INFO / REFUND POLICY / WAIVERS & RELEASES PLEASE PRINT CLEARLY

Emergency Contact:	Relationship to Child
Phone No(s).	
Doctor/Medical Group	
Only release my child to the following people:	
Food allergies:  peanuts other foods:	Other allergies:
☐ My child has no known allergies	
Are there other medical issues we should know about? ☐ No	☐ Yes (if yes, please describe):
Should our Museum staff be aware of anything else?	
I hereby authorize the staff of FAM to act for me, if I cannot be according to their best judgments, in any emergency requiring	e contacted or if a life-saving action must be taken immediately, g medical attention.
I understand that disruptive, violent, or otherwise inappropria child may be sent home if such behavior occurs at any time, w	ate behavior will not be tolerated by the FAM staff, and that my ithout refund.
of low enrollment, all fees paid in advance will be refunded. The right to offer make-up classes if unforeseen circumstances cancellation by FAM is necessary, every attempt will be made	d cannot be accommodated in another class and no refund is tion to the Museum. If the workshop is cancelled by FAM because here is no refund for missed classes by the student. FAM also has s require the canceling of any workshop sessions. If any
	A RELEASE
Sometimes Museum staff or members of the media may take classes. Although there is no guarantee that we will use them grant to the Fresno Art Museum, its representatives and emplauthorize the Fresno Art Museum, its assigns and transferees and for any lawful purpose, including, publicity, advertising, aworkshop, videos and still photos will be taken of preparation	I, please let us know if we have your permission, as follows: I loyees the right to film or take photographs of my child. I to copyright, use and publish the same with or without our names and Web content. For all those registered for the art/theatre
FURTHER WA	AIVER AND RELEASES
I hereby waive all claims for injury, damage, or loss and proper Fresno Art Museum's (FAM). I release FAM, its agents, emplo or loss which may be caused by or arise from any act or omiss volunteers while participating in said program.	rty during my minor child's participation in the FAM workshop at the yees, instructors and volunteers from any claims or liability, damage ion by FAM, its agents, employees, directors, instructors, and
I understand and agree to all of the above.	
Signature of Parent/Legal Guardian of Minor	Date
Relationship to student:	— Return completed form to:

Fresno Art Museum 2233 N. First Street Fresno, CA 93703 Fax: 559.441.4227