REGISTRATION

VERY IMPORTANT: PLEASE PRINT CLEARLY

Student Name:	:	Parent Name(s):		
Street Address:	:	City:	Zip:	
Parent Email:_				····
Home Phone: _		Parent Cell No.:		
Parent Work N	lo.:			
School Attending:		Age:	Current Grade:	
	attend the following Work	cshops: f Day AM: 9:00 am to 12:30 pm •	Half Day PM: 1:00 pm t	to 4:30 pm
July 11 to 15	☐ Full Day \$350/\$310*	☐ AM Workshop Only \$185/\$165*	☐ PM Workshop Only \$	5185/\$165*
July 18 to 22	☐ Full Day \$350/\$310*	☐ AM Workshop Only \$185/\$165*	☐ PM Workshop Only \$185/\$165*	
July 25 to 29	☐ Full Day \$350/\$310*	No half days available l		
Aug I to 5	☐ Full Day \$350/\$310*	☐ AM Workshop Only \$185/\$165*	☐ PM Workshop Only \$	S185/\$165*
* Lower price t	for FAM members at the Fam	ily and higher levels.		
Extended Day	(8:30 to 5:00) - add \$75 per v	veek		
Total payments	enclosed or to be charged:\$	(Deduct 10% if	paid before June 10, 2016)	WEWOULD LIKE
□ Check enclo	osed (Please make payable to F	Fresno Art Museum) □ Cash □Visa □ M	lasterCard	TO KNOW
				How did you hear about our art classes?
	Card No:		□ Camp Fair□ Friend referral	
				☐ Direct Email ☐ FAM website
	l:		_	☐ Flyer at school
Signature:				☐ Facebook ☐ Returning Student
NOT A FAMILY	' MEMBER? Join FAM no	ow and receive the Member Disco	ount.	☐ Other
		rship Benefits: personalized membershi iion to Conversations with the Artists, di		
Select One: \$75 FAMILY ME Primary membershi guest passes (\$75 to	ip benefits for two adults and ch	nildren up to age 18, Discount on classes for cl	hildren and adults, free Stroll	ler Tours, and four
Primary & Family M	embership benefits listed above	MUSEUM GROUP and NORTH AMERICAN e. Plus, your FAM membership card with WMC merica and discounts in their museum shops,	3 & NARM logos gains free of the control of the	or reduced
☐ I am interested in Benefactor, and Dir	n supporting the Museum at hig ector Circle membership levels,	her levels or upgrading my current membersh corporate sponsorships, gifts, and bequests.	nip. Please contact me to disc	cuss Sustaining,

 \square I enclose membership fee with my check OR \square 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 empl authorize the Fresno Art Museum, its assigns and transferees and for any lawful purpose, including, publicity, advertising, alworkshop, 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