

REGISTRATION FORM FOR SUMMER 2022 ART ACADEMY

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH CHILD ATTENDING – PLEASE PRINT CLEARLY

If you prefer NOT to register online and pay by check or cash (credit card okay too) you may complete this form and submit by mail to 2233 North First Street, Fresno CA 93703, fax (559-441-4227), email (susan@fresnoartmuseum.org), or drop off in person at the Museum. A signed EMERGENCY INFO / REFUND POLICY / WAIVERS & RELEASES (second page) must be returned to FAM by the first day of the workshop student is attending.

Student Name: _____ Student's gender identity preference: _____

Street Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Parent cell number(s): _____ Texting okay? _____

Parent Email: _____

Age on June 13, 2022: _____ Grade 2021/22 school year: _____ School Attending: _____

MY CHILD WILL ATTEND THE FOLLOWING WORKSHOPS:

Full Days: 9:00 am to 4:30 pm • Half Day AM: 9:00 am to 12:30 pm • Half Day PM: 1:00 pm to 4:30 pm

June 13 to 17 Full Day \$395/\$360* AM Workshop Only \$220/\$195* PM Workshop Only \$220/\$195*

June 20 to 24 Full Day \$395/\$360* AM Workshop Only \$220/\$195* PM Workshop Only \$220/\$195*

August 1 to 5 Full Day \$395/\$360* AM Workshop Only \$220/\$195* PM Workshop Only \$220/\$195*

August 8 to 12 Full Day \$395/\$360* AM Workshop Only \$220/\$195* PM Workshop Only \$220/\$195*

* Lower price listed above for FAM members at the Family and higher levels.

Total payments enclosed or to be charged: \$ _____

Check enclosed (Please make payable to Fresno Art Museum) Cash

Charge my Credit Card Visa MasterCard Amex Discover

Card No: _____ Exp: _____

Billing Zip code: _____ CVV code: _____ (3 digits)

Name on Card: _____

Signature: _____

WE WOULD LIKE TO KNOW . . .

How did you hear about our art workshops?

Camp Fair/Parent Magazine

Friend referral

Direct Email

FAM website

Flyer at school

Facebook

Returning Student

Other _____

EMERGENCY INFO / REFUND POLICY / WAIVERS & RELEASES

Student name: _____

PLEASE PRINT CLEARLY

Emergency Contact: _____ Relationship to Child: _____

Phone No(s): _____

Doctor/Medical Group: _____ Phone No.: _____

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 contacted or if a life-saving action must be taken immediately, according to their best judgment, in any emergency requiring medical attention.
- I understand that disruptive, violent, or otherwise inappropriate behavior will not be tolerated by the FAM staff, and that my child may be sent home if such behavior occurs at any time, without refund.
- I also understand that no tuition refunds will be made within one week prior to the start of class, although FAM will try to accommodate your child in another class that is not full. If your child cannot be accommodated in another class and no refund is given, your payment will be considered a tax-deductible donation to the Museum and may be used to fund a scholarship for a child that cannot otherwise afford to attend.
- If the workshop is cancelled by FAM because of low enrollment or another unforeseen situation, all fees paid in advance will be refunded. There is no refund for missed classes by the student. FAM also has the right to offer make-up classes if unforeseen circumstances require the canceling of any workshop sessions. If any cancellation by FAM is necessary, every attempt will be made to give prior notice. Please note that membership fees are nonrefundable, and memberships are good for one year.
- FAM has the right to substitute the instructor with an equally skilled instructor, if necessary.

MEDIA RELEASE

Sometimes Museum staff or members of the media may take photographs or videos of events at the Museum, including classes. Although there is no guarantee that we will use them, please let us know if we have your permission, as follows: I grant to the Fresno Art Museum, its representatives, and employees the right to film or take photographs of my child and their artwork (in progress or complete). I authorize the Fresno Art Museum, its assigns and transferees to copyright, use, and publish the same with or without our names and for any lawful purpose, including publicity, advertising, and web content. For all those registered for the art workshop, videos and still photos will be taken. Copyright in any of the art remains with the artist, and the artist will be given credit when possible.

FURTHER WAIVER AND RELEASES

I hereby waive all claims for injury, damage, or loss and property during my minor child's participation in the FAM workshop at the Fresno Art Museum's (FAM). I release FAM, its agents, employees, instructors, and volunteers from any claims or liability, damage, or loss which may be caused by or arise from any act or omission by FAM, its agents, employees, directors, instructors, and volunteers while participating in said program.

I understand and agree to all of the above.

Signature of Parent/Legal Guardian of Minor

Date

Relationship to student: _____