REGISTRATION FORM FOR SUMMER 2019 ART ACADEMY

VERY IMPORTANT: PLEASE PRINT CLEARLY

Student Name:	Parent Name(s):		
Street Address:	City:	Zip:	
Parent Email:			
Home Phone:	Parent Cell No.:		
Parent Work No.:	Age in July 2019:	Grade 2019/20 school year:	
School Attending:	Student gende	r:	
MY CHILD WILL ATTEND THE FOLLO	DWING 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 17 to 21	☐ AM Workshop Only \$200/\$175*	☐ PM Workshop Only \$200/\$175*	
June 24 to 28 ☐ Full Day \$375/\$340*	☐ AM Workshop Only \$200/\$175*	5* ☐ PM Workshop Only \$200/\$175*	
July 22 to 26 ☐ Full Day \$375/\$340*	☐ AM Workshop Only \$200/\$175*	☐ PM Workshop Only \$200/\$175*	
July 29 to Aug 2 ☐ Full Day \$375/\$340*	☐ AM Workshop Only \$200/\$175*	☐ PM Workshop Only \$200/\$175*	
* Lower price listed above for FAM members	at the Family and higher levels.		
Total payments enclosed or to be charged: \$_	(Deduct 10% if	paid before May 24, 2019)	
☐ Check enclosed (Please make payable to Fr	resno Art Museum) 🗇 Cash		
☐ Charge my Credit Card ☐ Visa ☐ MasterC	ard □ Amex □ Discover	WE WOULD LIKE TO KNOW	
Card No:	Exp:		
Billing Zip code: CVV cod	ode: CVV code: (3 digits)		
Name on Card:			
☐ FAM website			
NOT A FAMILY MEMBER? Join FAM now and receive the Member Discount.			
To check on your membership status, call Hamilton at 559.441.4221 x 108 or email him at Hamilton@fresnoartmuseum.org.			
All membership levels enjoy primary members admission to Opening Receptions, discounts of			
Select One: \$\sigma\$ \$75 FAMILY MEMBERSHIP Primary membership benefits for two adults and childeductible).	,		
\$150 CONTRIBUTING MEMBER (NORTH AME Includes all primary membership and family member reduced admission to over 1,000 museums througho deductible).	level benefits listed above plus, your FAM	membership card with NARM logo gains free or	
\square I am interested in supporting the Museum at higher options to support FAM exhibitions and programming	er levels or upgrading my current members ng.	hip. Please contact me to discuss my many	

 \square I enclose the membership fee with my check OR \square Please charge my card for the Membership level selected above.

Please complete and sign the back of this form.

EMERGENCY INFO / REFUND POLICY / WAIVERS & RELEASES 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 ☐	J 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 judgment, in any emergency requiring m	contacted or if a life-saving action must be taken immediately, nedical attention.
I understand that disruptive, violent, or otherwise inappropriate child may be sent home if such behavior occurs at any time, wit	e behavior will not be tolerated by the FAM staff, and that my hout refund.
I also understand that no tuition refunds will be made within or accommodate your child in another class that is not full. If child given, your payment will be considered a tax-deductible donation of low enrollment, all fees paid in advance will be refunded. The the right to offer make-up classes if unforeseen circumstances is cancellation by FAM is necessary, every attempt will be made to nonrefundable, and memberships are good for one year. FAM hinstructor, if necessary.	cannot be accommodated in another class and no refund is on to the Museum. If the workshop is cancelled by FAM because ere is no refund for missed classes by the student. FAM also has require the canceling of any workshop sessions. If any o give prior notice. Please note that membership fees are
MEDIA	RELEASE
artwork (in progress or complete). I authorize the Fresno Art M the same with or without our names and for any lawful purpose	hotographs or videos of events at the Museum, including please let us know if we have your permission, as follows: I byees the right to film or take photographs of my child and their luseum, its assigns and transferees to copyright, use, and publishe, including publicity, advertising, and web content. For all those taken. Copyright in any of the art remains with the artist, and the
FURTHER WAI	VER AND RELEASES
I hereby waive all claims for injury, damage, or loss and propert Fresno Art Museum's (FAM). I release FAM, its agents, employed damage, or loss which may be caused by or arise from any act ovolunteers while participating in said program.	y during my minor child's participation in the FAM workshop at the ees, instructors, and volunteers from any claims or liability, or omission 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