## **REGISTRATION FORM FOR SUMMER 2020 ART ACADEMY**

**VERY IMPORTANT: PLEASE PRINT CLEARLY** 

	Parent Name(s):	
Street Address:	City:	Zip:
arent Email:		
dome Phone:	Parent Cell No.:	
arent Work No.:	Age in July 2020:	Grade 2020/21 school year:
chool Attending:	Student gender:	
1Y CHILD WILL ATTEND THE FOLLOWING WO	RKSHOPS:	
WEEK I - JUNE 15 to 19 • AM Workshop: Be In  ☐ Full Day \$385/\$350* ☐ AM Workshop Only \$2	spired! • PM Workshop: St 210/\$185*	
WEEK 2 -JUNE 22 to 26 • AM Workshop: Drawi ☐ Full Day \$385/\$350* ☐ AM Workshop Only \$2	ing What You See • PM Wo 210/\$185* □ PM Workshop On	
VEEK 3 - JULY 27 to 31 • AM Workshop: Hand □ Full Day \$385/\$350* □ AM Workshop Only \$2	-Made Books • PM Worksh 210/\$185* □ PM Workshop On	
VEEK 4 - AUG 3 to 7 • AM Workshop: Explorin ☐ Full Day \$385/\$350* ☐ AM Workshop Only \$2  Full Days: 9:00 am to 4:30 pm • Half Day AM	210/\$185*	ly \$210/\$185*
Lower price listed above for FAM members who are at the	ne Family and higher membership	levels.
otal payments enclosed or to be charged: \$		
otal payments enclosed of to be charged. \$	(Deduct 10% if paid	on or before 5 pm on Friday, May 15, 202
Check enclosed (Please make payable to Fresno Art Mus	seum) 🗆 Cash	on or before 5 pm on Friday, May 15, 202  WEWOULD LIKE TO KNOW
J Check enclosed (Please make payable to Fresno Art Mus J Charge my Credit Card □Visa □ MasterCard □ Amex	seum)	WEWOULD LIKE TO KNOW
I Check enclosed (Please make payable to Fresno Art Mus I Charge my Credit Card □Visa □ MasterCard □ Amex Card No:	seum)	WE WOULD LIKE TO KNOW  How did you hear about our art workshops?
Check enclosed (Please make payable to Fresno Art Mus Charge my Credit Card  Visa  MasterCard  Amex Card No:	eeum)	WE WOULD LIKE TO KNOW  How did you hear about our art workshops?  Camp Fair/Parent Magazing Friend referral Direct email FAM website
Check enclosed (Please make payable to Fresno Art Muster Card	eeum)	TO KNOW  How did you hear about our art workshops?  Camp Fair/Parent Magazine Friend referral Direct email FAM website Flyer at school Facebook Instagram Returning student
Check enclosed (Please make payable to Fresno Art Must Charge my Credit Card Visa MasterCard Amex Card No:  Card No:	eive the Member Discount.	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 Instagram Returning student Other
Check enclosed (Please make payable to Fresno Art Must Charge my Credit Card Visa MasterCard Amex Card No:  Card No:  Cilling Zip code:  CVV code  Name on Card:  Cignature:  T A FAMILY MEMBER? Join FAM now and rece	eive the Member Discount.  personalized membership care	WE WOULD LIKE TO KNOW  How did you hear about our art workshops?  Camp Fair/Parent Magazin Friend referral Direct email FAM website Flyer at school Facebook Instagram Returning student Other  Tesnoartmuseum.org.  d, free museum admission, free

## NC

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Primary membership benefits for two adults and children up to age 18, discounts on ArtAcademy and workshops, and four guest passes (\$35 tax deductible).

☐ \$150 CONTRIBUTING MEMBER (NORTH AMERICAN RECIPROCAL MUSEUM GROUP)
Includes all primary membership and Family member level benefits listed above plus your FAM membership card with NARM logo gains free admission to over 1,000 museums throughout North America and discounts in their museum shops; six guest passes (\$90 tax deductible).

- 🗖 I am interested in supporting the Museum at higher levels or upgrading my current membership. Please contact me to discuss my many options to support FAM exhibitions and programming.
  - ☐ I enclose the membership fee with my check OR ☐ Please charge my card for the membership level selected above.

## 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 ☐	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 your 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.	child 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
	RELEASE
artwork (in progress or complete). I authorize the Fresno Art M the same with or without our names and for any lawful purpose registered for the art workshop, videos and still photos will be tartist will be given credit when possible.	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
	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