## **REGISTRATION**

## **VERY IMPORTANT: PLEASE PRINT CLEARLY**

Student Name:		_ Parent Name(s):			
Street Address:		_ City:		Zip:	
Parent Email:					
Home Phone:	Par	rent Cell No.:			
Parent Work No.:		Age in July 2018:	Grade 201	8/19 school year:	
School Attending:		Student gender	;		
MY CHILD WILL ATTEND T	HE FOLLOWING WORK	SHOP(S):			
Full Days: 9:00 am to 4:30 pn	n • Half Day AM: 9:00 a	m to 12:30 pm •	Half Day PM: 1:0	0 pm to 4:30 pm	
July 9 to 13	60/\$310* No half days av	vailable.			
July 16 to 20	60/\$310* No half days av	vailable.			
July 23 to 27	0/\$310*	nop Only \$185/\$165*	☐ PM Workshop	Only \$185/\$165*	
July 30 to Aug 3 🗇 Full Day \$35	0/\$310* □ AM Worksh	nop Only \$185/\$165*	☐ PM Workshop	Only \$185/\$165*	
* Lower price listed above for FA	M members at the Family and	higher levels.			
Total payments enclosed or to be	charged: \$	(Deduct 10% if	paid before June 8, 2	2018)	
☐ Check enclosed (Please make p	payable to Fresno Art Museum	n) 🗆 Cash 🗆 Visa 🗆 M	lastel Cal u	WEWOULD LIKE	
Card No:	,	Exp:		TO KNOW	
Billing Zip code:			Ċ	How did you hear about our art workshops?  ☐ Camp Fair	
Name on Card:		, ,	(	J Friend referral	
Signature:				□ Direct Email □ FAM website	
NOT A FAMILY MEMBER? Joi	n FAM now and receive	the Member Disco		∃ Flyer at school ∃ Facebook	
To check on your membership status,				Returning Student Other	
at Hamilton@fresnoartmuseum.org.			-		
All membership levels enjoy Prima admission to opening receptions, f					
Select One:  \$\sigma\$ \$75 FAMILY MEMBERSHIP  Primary membership benefits for two a adults; four guest passes (\$35 tax deductions)		Discount on classes, bus	excursions, lectures, a	and more for children and	
☐ \$150 CONTRIBUTING MEMBER (in Primary & Family Membership benefits nearly 1,000 museums throughout Nort	listed above. Plus, your FAM me	embership card with & NA	ARM logo gains free o	r reduced admission to	
☐ I am interested in supporting the Muoptions to support FAM exhibitions and		ing my current membersh	nip. Please contact me	e to discuss my many	
☐ I enclose membership fee with r	ny check OR <b>□</b> please charge m	y card for the membershi	p level selected above	2.	

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	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?	J No ☐ Yes (if yes, please describe):
Should our Museum staff be aware of anything else?	
according to their best judgments, in any emergency required lunderstand that disruptive, violent, or otherwise inappropriate the control of	opriate behavior will not be tolerated by the FAM staff, and that my
accommodate your child in another class that is not full. It given, your payment will be considered a tax-deductible conflow enrollment, all fees paid in advance will be refunde the right to offer make-up classes if unforeseen circumstate cancellation by FAM is necessary, every attempt will be more than the result of the conflowing that the conflowing part of the conflowing	thin one week prior to the start of class, although FAM will try to f child cannot be accommodated in another class and no refund is donation to the Museum. If the workshop is cancelled by FAM because ed. There is no refund for missed classes by the student. FAM also has ences require the canceling of any workshop sessions. If any hade to give prior notice. Please note that membership fees are FAM has the right to substitute the instructor with an equally skilled
М	IEDIA RELEASE
classes. Although there is no guarantee that we will use t grant to the Fresno Art Museum, its representatives and c authorize the Fresno Art Museum, its assigns and transfer	take photographs or videos of events at the museum, including them, please let us know if we have your permission, as follows: I employees the right to film or take photographs of my child. I rees to copyright, use and publish the same with or without our names ng, and Web content. For all those registered for the art/theatre ation and performances as part of the workshop.
FURTHE	R WAIVER AND RELEASES
Fresno Art Museum's (FAM). I release FAM, its agents, er	roperty during my minor child's participation in the FAM workshop at the mployees, instructors and volunteers from any claims or liability, damage mission 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