CREATIVE WORKSHOP WINTER & SPRING 2020
ART DAY & CLAY CAMPS PERMISSIONS

NAME OF CHILD _____________________________

Please return completed forms (all three pages) to the Creative Workshop office with payment to register a student for
Art Day Camp or all-day Clay Camp. Forms can be accepted in person or through the mail. Registrations will not be
processed without a completed registration form.

Creative Workshop, Memorial Art Gallery, 500 University Avenue, Rochester, NY 14607
Phone 585.276.8959   Fax 585.276.8960

Please let us know if you would like a receipt with a tax ID number.

Parents please note: If you are enrolling more than one child, and the information on pages 7 and 8 is identical, you do not need
to fill out those pages more than once. You do, however, need to fill out page 9 (the registration form) for each child.

PERMISSIONS
1. Statement of Risk and Liability, Certificate of Health Emergency Waiver (required)

   In consideration for allowing ____________________________ to participate in this Creative Workshop program
   I, as his/her parent/guardian represent and affirm to the University of Rochester that:

   1. I understand that participating in any activity involves a risk of injury or harm.

   2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel
to and from the Program.

   3. I certify that my child is in good health and has no physical condition that would prevent him/her from participating
   in the Program.

   4. In the event of the Program’s inability to locate me, or the emergency contact designee, I give permission to the Program
   Authorities to take such emergency measures, as they deem appropriate until such time as emergency
   contact designee or myself can be contacted.

   5. I will not hold the University, its employees, and agents responsible for any injury or other harm that results from Program
   participation.

2. Publicity

   This includes class photos and videos for our website and other MAG-related events. Students participating in
   various sessions may have opportunities to speak about their experiences in the program to the media during classes
   and presentations.

   [ ] I, the undersigned, give permission for the use of any photos, movies, audio, or video tapings of my child’s activities
   or art work in Creative Workshop publications. The material so obtained may be used for educational purposes or for
   publicity benefiting the Memorial Art Gallery.

   [ ] I do not give permission for images of my child or my child’s artwork to be used for publicity as outlined above.

3. Field Trips

   [ ] I give my child permission to leave the Memorial Art Gallery grounds with his/her teacher and classmates within
   walking distance.

   [ ] I do not give permission for my child to leave the Memorial Art Gallery grounds for field trips as outlined above.

By signing below, I acknowledge that I have read and understood the above terms.

Signature: ___________________________________________ Date: _____ / ____ / _____
IMPORTANT HEALTH AND SAFETY INFORMATION
Please provide daytime phone numbers below where we may reach you promptly in case of accident or illness requiring attention. In the event of a true medical emergency we will call 911 at the same time we call the numbers below.

Legal guardian: ___________________________ phone ________ cell phone: ________
Other adult: ___________________________ phone ________ cell phone: ________
Your child’s physician: _______________ Physician’s phone: ( ) __________________

Note: MAG does not employ trained medical personnel. Gallery security staff, who work in a building adjacent to the Creative Workshop, do have basic CPR training. Although we will assist in helping your child take prescribed oral medication, we are limited in our ability to attend to varying individual health needs. If your child has specific health needs while at Art Day Camp, we urge you to communicate with our staff at the time of registration. Please share any information that will help us take care of your child by carefully answering the following questions:

Is your child allergic to nuts or bees?  □ No  □ Yes  If yes, specify allergy ________________________________.
Is your child asthmatic, with an inhaler he/she can use?  □ No  □ Yes
Will your child be taking medication while at the Workshop?  □ No  □ Yes
If you answered yes to any of the questions above, please provide a recommended course of action:

________________________________________________________________________

________________________________________________________________________

Is there anything else we should know that will help your child be successful in this all-day program? Our goal is a joyful and educational experience. Any notes are kept in confidence between the program coordinator and Creative Workshop staff.

________________________________________________________________________

________________________________________________________________________

PICKUP AND DROPOFF INFORMATION
Your child’s safety is of paramount importance to us. Please escort your child into the Workshop in the morning and sign him/her in. At the end of the day, please come in and sign him/her out. If you want any other person, including a spouse, to have permission to pick up your child, please list them below. **Anyone picking up a child will be asked to show a photo ID.**

Name: ___________________________ phone ________ relationship to child ________
Name: ___________________________ phone ________ relationship ________

REFUND POLICY
Withdraw by the Monday of the week prior to the class: 90%
Withdraw after the Friday before the class starts: 50%
If your child misses a day, we cannot offer a refund.

*Please note:* Behavior problems deemed sufficiently disruptive will result in a child’s removal from the program. No refunds are made in these cases.

Signature: ___________________________ Date: ___ / ___ / ____
CREATIVE WORKSHOP WINTER & SPRING ART DAY & CLAY CAMPS
REGISTRATION FORM  Registration begins January 3.
Registration constitutes acceptance of program and refund policy (previous page).

Child’s name ________________________________

Birthdate & age ________________________________

Please circle 5-DIGIT CODES for all sessions desired:

<table>
<thead>
<tr>
<th>WINTER CAMPS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Art Day Camp Mon., Feb. 17:</td>
<td>JR 56171</td>
<td>SR 56172</td>
<td>$70 (members $63)</td>
</tr>
<tr>
<td>Art Day Camp Tues., Feb. 18:</td>
<td>JR 56173</td>
<td>SR 56174</td>
<td>$70 (members $63)</td>
</tr>
<tr>
<td>Art Day Camp Weds., Feb. 19:</td>
<td>JR 56175</td>
<td>SR 56176</td>
<td>$70 (members $63)</td>
</tr>
<tr>
<td>Art Day Camp Thurs., Feb. 20:</td>
<td>JR 56177</td>
<td>SR 56178</td>
<td>$70 (members $63)</td>
</tr>
<tr>
<td>Art Day Camp Fri., Feb. 21:</td>
<td>JR 56179</td>
<td>SR 56180</td>
<td>$70 (members $63)</td>
</tr>
<tr>
<td>Art Day Camp all week Feb. 17-21:</td>
<td>JR 56191</td>
<td>SR 56192</td>
<td>$285 (members $257)</td>
</tr>
<tr>
<td>Clay &amp; More (ages 10-14) all week: 17-21:</td>
<td>56195</td>
<td>$295 (members $266)</td>
<td></td>
</tr>
<tr>
<td>Clay &amp; Creativity (ages 7-9) all week Feb. 17-21:</td>
<td>56196</td>
<td>$295 (members $266)</td>
<td></td>
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</table>

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<thead>
<tr>
<th>SPRING CAMPS</th>
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<tbody>
<tr>
<td>Art Day Camp Mon., Apr. 6:</td>
<td>JR 56181</td>
<td>SR 56182</td>
<td>$70 (members $63)</td>
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<td>Art Day Camp Tues., Apr. 7:</td>
<td>JR 56183</td>
<td>SR 56184</td>
<td>$70 (members $63)</td>
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<td>Art Day Camp Weds., Apr. 8:</td>
<td>JR 56185</td>
<td>SR 56186</td>
<td>$70 (members $63)</td>
</tr>
<tr>
<td>Art Day Camp Thurs., Apr. 9:</td>
<td>JR 56187</td>
<td>SR 56188</td>
<td>$70 (members $63)</td>
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<td>Art Day Camp Fri., Apr. 10:</td>
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<tr>
<td>Art Day Camp all week Apr. 6-10:</td>
<td>JR 56193</td>
<td>SR 56194</td>
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<tr>
<td>Clay &amp; More (ages 10-14) all week Apr. 6-10:</td>
<td>56289</td>
<td>$295 (members $266)</td>
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<tr>
<td>Clay &amp; Creativity (ages 7-9) all week Apr. 6-10:</td>
<td>56290</td>
<td>$295 (members $266)</td>
<td></td>
</tr>
</tbody>
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YOU MAY REGISTER ONLINE AT MAG.ROCHESTER.EDU/CLASSES. If you register online, you do not need to fill out the section below, but the permission forms on pages 7 & 8 need to be completed and mailed or faxed to 585.276.8960 at least one week before the start of class.

ADULT’S NAME ________________________________ Relationship ________________________________

ADDRESS __________________________________ Zip: ________________________________

TELEPHONE (day) _____________________________ (cell/home) _____________________________

(email) __________________________________________

GALLERY MEMBER? Yes ____ No ____ (If yes) member # ________________________________

Wish to become a member? Yes ____ No ____ (Family with CW discount $80; to learn about other levels, visit mag.rochester.edu/join)

PLEASE SIGN HERE TO ACKNOWLEDGE THAT YOU HAVE READ THE INFORMATION ABOVE.

ADULT’S NAME ________________________________ Date: ________________________________

METHOD OF PAYMENT

☐ Enclosed is my check payable to the Memorial Art Gallery. Amount paid: $________________

☐ I am paying cash. (PLEASE DO NOT MAIL.) Amount paid: $________________