



WINTER BREAK 2019 ~ FEBRUARY 18–22  
**CLAY CAMP FOR KIDS**



**CLAY & CARTOONS CAMP** (ages 7–9)  
[taught by Casey Cardillo and Lisa Myers]

This program runs from 9 am to 4:30 pm but drop off can be from 8:30 to 9 am and pick up until 5 pm. Students should bring a bag lunch and two snacks each day.

Register using the forms on the following pages.  
Questions? Please call Rachael at 585.276.8956.

For teacher bios visit [mag.rochester.edu/creativeworkshop](http://mag.rochester.edu/creativeworkshop)

# CREATIVE WORKSHOP WINTER 2019 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 School. 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 3 and 4 is identical, you do not need to fill out those pages more than once. **You do, however, need to fill out page 5 (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 School, 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

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 CLAY CAMPS  
REGISTRATION FORM  
*Registration begins January 5, 2019.*

Registration constitutes acceptance of program and refund policy (previous page).

Child's name \_\_\_\_\_

Birthdate & age \_\_\_\_\_

**PLEASE CIRCLE SESSION DESIRED:**

**CLAY & CARTOONS W19**  
**(AGES 7-9)**  
**FEBRUARY 18-22**  
**\$290 (MEMBERS \$261)**  
**COURSE CODE 55812**

**YOU MAY REGISTER ONLINE AT [MAG.ROCHESTER.EDU/CLASSES](http://MAG.ROCHESTER.EDU/CLASSES).**

If you register online, you do not need to fill out the section below, but the permission forms on pages 3 & 4 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](http://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: \$ \_\_\_\_\_

OFFICE USE ONLY
Course fee _____
# of weeks _____
Membership _____
TOTAL _____
Date proc. _____
Cash _____
Check # _____
Cart # _____
Rpro # _____
Initials _____
List _____
Confirm _____
_____
Refund _____
Amount \$ _____
Initials _____
Rpro # _____
CS _____
Confirm _____
Date _____