



# YOUNG ARTISTS AT WORK

## SUMMER ART EXPERIENCE

### REGISTRATION FORM

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

M/F Age \_\_\_\_\_

1st Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

2nd Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact if different from Parents

\_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Registration For:

#### Contemporary Craft

Workshop 1 June 19 – 22 9am–12pm \_\_\_\_\_

Workshop 2 June 26 – 29 9am–12pm \_\_\_\_\_

#### Art All Around

Workshop 3 July 10 – 13 9am–12pm \_\_\_\_\_

Workshop 4 July 17 – 20 9am–12pm \_\_\_\_\_

#### Performance & Puppetry

Workshop 5 July 31 – Aug 3 9am–12pm \_\_\_\_\_

Workshop 6 August 7 – 10 9am–12pm \_\_\_\_\_

\$125 per Workshop (\$100 for BMoCA members)

\$ \_\_\_\_\_ Total Amount

Payment Method: Credit \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Reg. # \_\_\_\_\_

# YOUNG ARTISTS AT WORK

## PERMISSION FORM

I hereby permit \_\_\_\_\_  
to participate in BMOCA's Young Artists at Work summer program.

1. I exempt Boulder Museum of Contemporary Art, its employees and authorized volunteers from all claims arising from the student's participation in the workshop and surrounding activities.
2. I understand that the student's participation in the workshop is voluntary, and that by participating in the workshop, such participation potentially involves risks and obligations that are impossible to predict. These may include, but are not limited to: the risk of loss or damage to personal property, the risk of sickness, personal injury, or death while participating in the workshop.
3. Boulder Museum of Contemporary Art personnel are not authorized to administer medication of any sort.
4. The student's parent or guardian must provide Boulder Museum of Contemporary Art with an emergency phone number\* where she/he can be reached during the student's workshop time.
5. I understand that the workshop students may visit Central Park across the street from the Boulder Museum of Contemporary Art for activities relating to the workshop, always in the company of a BMOCA instructor or volunteer.
6. I understand that I am solely responsible for dropping off and picking up my student promptly at the beginning and end of each workshop day.
7. If the student is not being dropped off or picked up by the parent or guardian, Boulder Museum of Contemporary Art must be notified in writing.
8. I understand that the Boulder Museum of Contemporary Art does not purchase, or have any medical, dental or hospitalization insurance to cover injuries to or loss of life of students, or to indemnify parents or guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

\*Emergency Phone Number(s) \_\_\_\_\_