

BOULDER MUSEUM OF CONTEMPORARY ART

1750 13th Street Boulder, Colorado 80302 p. 303 443 2122 bmoca.org



YOUNG ARTISTS AT WORK

2012 SUMMER REGISTRATION FORM

Date _____

ONE FORM PER CHILD PLEASE

Child's Name _____ M / F Age _____

Parent/Guardian Name(s) _____

Best Contact Phone _____ Cell Work Home

2nd Best Phone _____ Cell Work Home

Address _____ City _____ Zip _____

E-mail _____

Do you have a current Family Membership? Yes No

(To receive the Member price, you must have a Family Level Membership or higher)

If not, would you like to become Family Members? Yes No

If not, would you like to subscribe to our free email newsletter? Yes No

What school does your child attend? _____

How did you hear about Young Artists at Work? _____

Health Information

Does your child have any allergies to foods, medications or the environment? _____

Does your child have any special needs? _____

Family Physician _____

Phone Number _____ Address _____

Family Dentist _____

Phone Number _____ Address _____

Preferred Hospital _____

Emergency Contacts

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

Additional adults authorized for pick-up

Other than you and your emergency contacts, is there anyone else authorized to pick up your child?

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

Child's Name _____

			Pricing: Non-member/Member	
Ages 5-8	Art Adventurer	June 4-8	9am-12pm	\$_____ \$140/\$120
Ages 5-8	Paper Passion	June 4-8	1pm - 4pm	\$_____ \$140/\$120
			Lunch Bunch	\$_____ \$25
Ages 9-12	Drawing FUNdamentals	June 11-15	9am-12pm	\$_____ \$140/\$120
Ages 9-12	Airbrush Painting	June 11-15	1pm - 4pm	\$_____ \$140/\$120
			Lunch Bunch	\$_____ \$25
Ages 9-12	Modern Masters and Me	June 25-29	9am-12pm	\$_____ \$140/\$120
Ages 9-12	From Sumi to Sharpie	June 25-29	1pm - 4pm	\$_____ \$140/\$120
			Lunch Bunch	\$_____ \$25
Ages 5-8	Free Art	July 9-13	9am-12pm	\$_____ \$140/\$120
Ages 5-8	Myths and Legends	July 9-13	1pm - 4pm	\$_____ \$140/\$120
			Lunch Bunch	\$_____ \$25
Ages 9-12	Viewfinders	July 16-20	9am-12pm	\$_____ \$140/\$120
Ages 9-12	Wax Works	July 23-27	9am-12pm	\$_____ \$140/\$120
Ages 9-12	Painters Palette	July 23-27	1pm - 4pm	\$_____ \$140/\$120
			Lunch Bunch	\$_____ \$25
Ages 5-8	Wearable, Shareable	July 30-Aug 3	9am-12pm	\$_____ \$140/\$120
Ages 5-8	Red Fish, Blue Fish	July 30-Aug 3	1pm - 4pm	\$_____ \$140/\$120
			Lunch Bunch	\$_____ \$25

BMoCA provides a healthy snack during each workshop. **Lunch Bunch:** Don't forget to bring a sack lunch!

Total \$_____

Discount: Take 5% off if more than one child of the **same** family registers for the **same** workshop.

Amount of Discount \$_____

Camp Total \$_____

ADD A MEMBERSHIP

A BMoCA Family Membership is \$55 \$_____

Grand Total \$_____

PAYMENT

Credit Card ___ Visa ___ Mastercard ___ Discover ___ AMEX

Card # _____ Expiration Date _____ 3-digit security code _____

Name as it appears on the card _____

Check Enclosed for \$_____ Check # _____

Please make checks payable to the Boulder Museum of Contemporary Art

Paypal \$_____ Date paid on ___/___/___

Cash \$ _____

Registered by: _____ Date: _____ Staple credit card and POS receipt **here**

PERMISSION FORM

I hereby permit _____ to participate in BMoCA's Young Artists at Work.

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.
9. AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO BMoCA TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR my child named above. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

Signed _____ Date _____

Print Parent/Guardian Name _____

Parent/Guardian Emergency Phone Number(s) _____

Other Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

PHOTOGRAPHY CONSENT

I hereby grant the Boulder Museum of Contemporary Art the right to use my child's image and my image for educational program or public relations purposes only.

Signed _____ Date _____