

Museum Art School
at the
Morris Graves Museum of Art

REGISTRATION

Session Dates: _____ **Age of Child:** _____

Student's Name: _____

Birth Date: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Cell: _____ Message: _____

Does your child have any special needs or health considerations? Include here any information about allergies, physical accommodations, seizures, or anything that you would like us to know about your child:

Total Tuition Cost: \$ _____ **Current HAC Member?** _____

Cash: \$ _____ Check (payable to HAC): check # _____

Credit Card: Mastercard Visa

Card Number: _____ - _____ - _____ - _____ Exp. Date ____ - ____

Name on Card: _____

Signature: _____

Please Note: Refunds of tuition money are not available after classes begin. Any cancellation prior to the beginning of class will entitle the parent to a 50% refund. If classes do not fill and the HAC cancels the session a full refund will be given.

Wait List: Once maximum enrollment is reached, names will be added sequentially to a waiting list. Students and their parents will be notified of this fact before the first day of classes.

The Humboldt Arts Council is responsible only for registered students at the time their session is being held. Parents, please come into the building with your child and see that they get to and from their session.

PLEASE COMPLETE RELEASE OF LIABILITY ON NEXT PAGE

In consideration of my child's participation in Museum Art School at the Morris Graves Museum of Art, and intending to be legally bound, I

indemnify and hold harmless the Humboldt Arts Council, the Morris Graves Museum of Art and its agent or agents for any liability arising out of or in any way connected with my child's participation in this program. I give my permission for my child to be photographed/video taped for public service announcements and/or other promotional purposes for the Humboldt Arts Council.

I have read the above waiver agreement, and fully understand that I assume all risks for any injuries received in connection with my child's participation in this program. In addition, I understand that classes are held on the premises of the Morris Graves Museum of Art and that included in this is the risk my child will see works of art with mature themes. I acknowledge and accept responsibility for this possibility.

I authorize the Humboldt Arts Council to take the necessary action to protect the well being of my child in case of emergency if I am unable to be reached.

Signature of Parent/Guardian _____

Date _____ Address _____

City _____ State _____ Zip _____

Telephone: Home: _____ Work: _____

Cell: _____

Family Physician Name: _____

Phone: _____

Health Insurance Information:

Health Plan: _____

Policy Holder: _____ Group Number: _____

Person to contact in case of emergency: _____

Telephone: Home: _____ Work: _____

Cell: _____

Please Return To: Humboldt Arts Council, 636 F Street, Eureka, CA 95501