

JORDAN SCHNITZER **MUSEUM OF ART**

ART CLASS REGISTRATION FORM

Information:

Name of Registrant: _____
 Age of Registrant (if under 18): _____
 Name of Guardian (if registrant is under 18): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____
 Emergency Contact Person: _____
 Emergency Phone: _____
 How did you learn about the classes? _____

Session:	Fee:	# of Registrants:	Cost:
Spring Break Camp, March 26-30			
<i>Splash, Sculpt, and Splatter (AM)</i>			
<i>Stories, Folklore, and Myths (PM)</i>			
AM only (9 a.m.-12 p.m.)	\$100	x _____	_____
PM only (1-4 p.m.)	\$100	x _____	_____
AM and PM (9 a.m.-4 p.m.)	\$200	x _____	_____
Optional after care	\$25	x _____	_____
De-Stress! Yoga for the Office	\$35	x _____	_____
Mondays, Apr. 2 - June 11 (no class May 28)			
12:00pm - 12:45pm			
Spring After School Art Class	\$85	x _____	_____
<i>Next Stop, Asia!</i>			
April 18-June 6, 3:30-5 p.m.			
Beginning Oil Painting	\$125	x _____	_____
Saturdays, Apr. 7 - May 19 (no class April 28)			
11am - 2pm			

Subtotal: \$ _____

Qualify for a discount? *(Select one; discounts are not combinable)* \$ - _____

I am a current JSMA member. Members receive a 10% discount

I would like to become a JSMA member. Complete the attached membership application and receive a 10% registration discount.

I am a UO affiliate *(describe affiliation)* _____

Faculty, staff, and current UO students receive a 5% discount.

Make a donation? Your tax-deductible donation can provide scholarships for children to attend art classes. Please consider making a donation today. \$ + _____

Total Amount: \$ _____

Payment:

_____ Check enclosed (made payable to the University of Oregon)

_____ Visa _____ MasterCard

Card number: _____ Expiration Date: _____

Name on card: _____

Signature: _____

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Registration Policies

- Email is our primary means of communicating with you. A confirmation email will be sent upon receipt of registration.
- Full payment must be received with registration. If you have financial need, contact us regarding partial scholarships or to work out a payment plan.
- We cannot prorate class fees for students not attending all class meetings.
- Refunds of class fees, less \$25, will be made if you withdraw at least one week before the first class meeting. After that time, no refunds will be made.
- Classes with insufficient enrollment may be cancelled prior to the first meeting. Full refunds are given when the Museum cancels a workshop or class.
- A completed health form is required for children under age 18 attending class without an accompanying parent or guardian.
- JSMA members receive a 10% discount of class fees.
- UO faculty, staff and current students receive a 5% discount of class fees.
- For more information about classes and workshops, visit jsma.uoregon.edu or call (541) 346-6410

Special Needs

So that we may best serve you, please describe any special needs of which we should be aware (i.e. hearing, visual, physical, or learning disabilities)._____

Photo Release

I, the undersigned, grant the Jordan Schnitzer Museum of Art at the University of Oregon permission to use any pictures taken in public view of myself individually, or any in which I appear in whole or in part.

I understand that these pictures may be reproduced in print and electronic media specifically to promote the Jordan Schnitzer Museum of Art at the University of Oregon and any of its programs. I waive any right to inspect or approve said pictures, or any captions or accompanying texts that may be used in connection with them, or to approve the use to which said material may be applied.

Model's name _____
(PLEASE PRINT)

Model's signature _____ Date _____

Signature of Parent/ Guardian _____
(IF MODEL IS UNDER 18 YEARS OLD)

Mail or fax registration forms and payment to:

**Jordan Schnitzer Museum of Art
1223 University of Oregon, Eugene, OR 97403-1223
Fax: (541) 346-0976**

Student Health Form

This form is required for children under age 18 to attend JSMA camps or classes without an accompanying parent/guardian. It must be completed and returned in order for your child to participate.

I authorize appropriate personnel to secure for _____ the services of emergency transportation, a physician, a dentist, or a hospital in the event of accident or illness. I will be responsible for payment of all services. This consent for treatment is in effect only during the actual program hours and dates that the above named child is participating in the JSMA's studio classes.

If deemed advisable by the program staff, I hereby give my permission for non-prescriptive medication (Tylenol, Neosporin, etc.) to be given to my child.

- Yes, I give my permission.
 No, I do not give my permission.

Parent/Guardian Signature Parent/Guardian Printed Name Date

Student Name:	Birth Date:	Gender:	Home Phone:
Street Address:	City:	State:	Zip Code:
Parent/Guardian Name:	Place of Work:	Work Phone Number:	
Parent/Guardian Name:	Place of Work:	Work Phone Number:	
Physician:		Phone:	
Dentist:		Phone:	
Allergies/medical information:			
IN EMERGENCY, if unable to reach parent or guardian, contact:			
Name:		Relation to Child:	
Address:		Phone:	

I verify that the information on this form is correct. I also give my permission for this Student Health Form and the information and consent for treatment to remain in effect during the actual program hours and dates of the current program. I understand that if a change occurs I will need to complete a new Student Health Form.

Parent/Guardian Signature: Date:

Please read this contract together with your child. After both you and your child have signed the contract, please send it to the museum along with your child's art camp health information form.

ART CAMP BEHAVIOR CONTRACT

I agree to abide by the rules laid out by the art museum and art camp staff and volunteers. I will be expected to:

Respect Myself: I will not engage in activities that could potentially hurt myself, such as running or rough housing. I will come to camp ready to learn and have fun, so I can be sure that I am actively engaged in making camp a good experience for me.

Respect Others: I will follow the instructions of art camp teachers and assistants, as well as museum tour guides. When others are talking, I will be quiet and practice good listening skills. I will be courteous to everyone and not do anything that could hurt someone else's feelings or person.

Respect the Materials: I will be careful with all camp supplies and equipment and not do anything that wastes or damages them. I will share supplies with other campers when I am asked to.

If I do not follow the rules, these will be the consequences:

First time: Verbal Warning

Second time: Time-Out

Third time: Time-out and discussion with lead art teacher

Fourth time: Call to parents

Fifth time: Expulsion from art camp

Any camper who engages in violent behavior towards another person during art camp will be immediately expelled.

I agree to the above terms for my behavior during my art camp experience at the museum.

Student's signature

Dated

I, the guardian of the above student, agree that I have read this contract and agree to the terms set out in this contract.

Parent/Guardian signature

Dated

JORDAN SCHNITZER MUSEUM OF ART

MEMBERSHIP PROGRAM

YES! I want to be a member of the Jordan Schnitzer Museum of Art!

I am a: New member Renewing member

Name

Second name

Street

City

State

Zip

Phone

Email

I am purchasing this membership as a gift—please send this membership to:

Name

Second name

Street

City

State

Zip

Phone

Email

Please choose one of the following membership levels:

___ \$45 Individual

___ \$250 Member

___ \$55 Family

___ \$500 Member

___ \$100 Member

___ \$1,000 Member

___ Apply 10% senior discount*

___ Apply \$20 educator discount* (must show proof of ID)

Valid only for Individual memberships

**Limit one discount per membership*

PAYMENT

___ Check enclosed (made payable to the University of Oregon Foundation)

___ Charge my credit card: ___ Visa ___ MasterCard ___ Amex

Card Number

Expiration Date

Name on Card

Signature

Jordan Schnitzer Museum of Art, 1223 University of Oregon, Eugene OR 97403-1223.

THANK YOU FOR YOUR SUPPORT!

Workshop