# JORDAN SCHNITZER MUSEUM OF ART

## 2015 SUMMER ART CAMP REGISTRATION FORM

	ormation:						
Stu	dent Name:	Age:		Grade:	Parent/Guardian Name:		
Ad	dress:		City:	State:	Zip:		
Em	nail:		Phone:			<u></u>	
Em	ergency Contact Pers	on:	Emerg	ency Phone:			
Per	rson(s) authorized to p	oick up student:					
Ho	w did you learn about	the classes?					
Pay	yment:						
	Check enclosed (ma	ade payable to the University	y of Oregon)	□Visa	a □MasterCard		
Caı	rd number:			Expiration	n Date:		
Na	me on card:		Signature:	<b>.</b>	_	<u> </u>	
Re	ceive a 10% discount	t?					
	☐ Museum Memb	per					
	☐ I would like to	become a Museum Member	! Complete the at	tached application	n to join today and receive	class registration discou	ınt
Re	ceive a 5% discount?		1	11	3	<b>U</b>	
		regon Affiliate:	De	scribe university a	affiliation:		
For	r description of sessi	on please visit: http://jsma	uorogon odu/Ar	et Camp			
	sion:	on please visit. http://jsina	Fee:	# of Registrant	ts: Discount:	Cost:	
	1) June 22-26	□Morning	□\$125 half	X_		\$	
	1) June 22-20	Grades 1-5: LEGO Art		Λ		Ψ	
		☐ Afternoon	□\$225 full	v	0/	¢	
				X	<u> </u>	Φ	
	2) Il., 6 10	Grades 1-5: Stop-Motio	on and Cartoon A □\$125 half		0/	¢	
	2) July 6-10	<u> </u>		X		<u>ъ</u>	
		Grades 1-5: Comics an	•		0/	Ф	
		☐ Afternoon Grades 1-5: Make You	□\$225 full	X		\$	
	0) 1 1 10 17					ф	
	3) July 13-17	□Morning	□\$125 half	X		\$	
		Grades 1-5: Art and Sc				Φ.	
		□Afternoon	□\$225 full	X		\$	
		Grades 1-5: Animals in				_	
	4) July 20-24	□Morning		X		\$	
		Grades 6-8: World Bui					
		□Afternoon	□\$225 full	X		\$	
		Grades 6-8: Words and		e Writing and Illus			
	5) July 27- 31	$\square$ Morning	$\square$ \$125 half	X		\$	
		Grades 1-5: Eco Art					
		□Afternoon	$\square$ \$225 full	X		\$	
		Grades 1-5: Passport to					
	6) August 10-14	□Morning	□\$125 half	X		\$	
		Grades 6-8: Bricks, Blo	ocks, and Pixels				
		□Afternoon	$\square$ \$225 full	X		\$	
		Grades 6-8: Illustration					
	7) Agosto 17-21	□Mañana	□\$125 medio	X		\$	
		Grados 1-8: Arte Folcló	órico Fantástico (I	nmersión en el Id	ioma Español) <b>Taught in</b>	Spanish	
	August 17-21	□ Afternoon	□\$225 full	Y	%	\$	
	August 17-21	Grades 1-8: Art and Ar		Λ		Ψ	
_							
	Aftercare	$\Box$ 12:00PM $-$ 1:00PM	□\$25	X		\$	
		□4:00PM – 5:00PM If child stays full day an	□\$25	X	<del></del>	\$	
				aftercare, check	k 4-5pm		
		Indicate which week nu			<u> </u>		
		donation can provide schol		en to attend art			
	classes. Please cons	sider making a donation tod	ay.			\$	
					TOT	AL: \$	

## ART CAMP REGISTRATION FORM - page 2

## **Registration and Cancellation Policies**

- 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.
- 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.
- Classes with insufficient enrollment may be cancelled prior to the first meeting. Full refunds are given when the Museum cancels a workshop or class.

-	<ul> <li>A completed health form is required for children under age 18 attended guardian.</li> </ul>	ing class without an accompanying parent or
•	For more information about classes and workshops, visit jsma.uorego	on.edu or call (541) 346-6410.
So that learnin	cial Needs hat we may best serve you, please describe any special needs of which we ning disabilities).	
I, the u	to Release e undersigned, grant the Jordan Schnitzer Museum of Art at the Universit ic view of myself individually, or any in which I appear in whole or in pa	
Museu	derstand that these pictures may be reproduced in print and electronic me eum of Art at the University of Oregon and any of its programs. I waive ions or accompanying texts that may be used in connection with them, or ied.	any right to inspect or approve said pictures, or any
Model	lel's name	
	(PLEASE PRINT)	
Model	lel's signature	Date
Signati	nature of Parent/ Guardian	
	(IF MODEL IS UNDER 18 YEARS	

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

## $ART\ CAMP\ REGISTRATION\ FORM-page\ 3$

This form is required for comust be completed and retu		ler age 18 to attend	•	classes wit	thout an accompanying parent/guardian	. It
	, a dentist, treatment is	or a hospital in the in effect only dur			the services of emergers. I will be responsible for payment of s and dates that the above named child	all
If deemed advisable by the to be given to my child.		aff, I hereby give m			ptive medication (Tylenol, Neosporin, e y permission.	tc.)
Parent/Guardian Signature		Parent/Guardian	Printed Name		Date	
Student Name:	Birth Da	te:	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:			
Special medical information about the child that would be helpful to staff:						
IN EMERGENCY, if unable to reach parent or guardian, contact:						
Name:			Relation to Child:			
Address:			Phone:			
	remain in	effect during the ac	tual program hours		Student Health Form and the informat of the current program. I understand that	
Parent/Guardian Signature					Date	

### ART CAMP REGISTRATION FORM – page 4

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 registration and health information forms.

### ART CAMP BEHAVIOR CONTRACT

I agree to abide by the rules laid out by the art museum, 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 class ready to learn and have fun, so I can be sure that I am actively engaged in making class a good experience for me.

Respect Others: I will follow the instructions of the teacher. 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.

will share supplies with other classmates when I am asked to.

Respect the Materials: I will be careful with all art supplies and equipment and not do anything that wastes or damages them. I 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 art teacher Fourth time: Call to parents **Fifth time:** Expulsion from art class Any student who engages in violent behavior towards another person during art class will be immediately expelled. I agree to the above terms for my behavior during my art class 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

\*JSMA Members receive a 10% discount on all camps and classes. Join Today!\*

Name		
Second name		<del>-</del>
Street		
City	State	Zip
Phone	Email	
Please choose one of the follo	wing membership levels:	
\$45 Individual \$55 Family \$100 Member	\$250 Member \$500 Member \$1,000 Member	
Apply 10% senior disco	Valid only for Indi	or discount* (must show proof of ID) vidual and Family memberships
PAYMENT		
Check enclosed (made pay	yable to the University of Oregon F	oundation)
Charge my credit card: _	Visa MasterCard	_ Amex
Card Number	Expiration Dat	te
Name on Card		
Signature		

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

THANK YOU FOR YOUR SUPPORT!