

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:
After School Art Class	\$90	x _____	_____

Watercolor Painting and Printmaking (Grades 1-5)

Wednesdays, September 23-November 18, 3:30-5 p.m.

From contemporary Japanese prints to traditional watercolors, be inspired by original works of art as you explore the galleries, and experiment with a variety of fun hands-on projects in the art studio.

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: _____

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.
- A completed health form is required for children under age 18 attending class without an accompanying parent or guardian.
- For more information about classes and workshops, visit jsma.uoregon.edu or call (541) 346-6410.

ART CLASS REGISTRATION FORM – page 2

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:	
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:	

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

ART CLASS 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 CLASS 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.

Respect the Materials: I will be careful with all art supplies and equipment and not do anything that wastes or damages them. I will share supplies with other classmates 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 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!

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

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 and Family 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!