

JORDAN SCHNITZER MUSEUM OF ART

SPRING BREAK ART CAMP REGISTRATION FORM

Information:

Name of Registrant: _____
Name of Guardian: _____
Age of Registrant: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
Emergency Contact Person: _____
Emergency Phone: _____
How did you learn about the classes? _____

Payment:

Receive a 10% discount? _____ Museum Member
_____ I would like to become a member! Complete the attached
application to join today and receive class registration discount
_____ University of Oregon Affiliate: _____
Describe university affiliation
_____ Check enclosed (made payable to the University of Oregon)
_____ Visa _____ MasterCard
Card number: _____ Expiration Date: _____
Name on card: _____
Signature: _____

| Class: | Fee: | # of Registrants: | Cost: |
|--|-------|-------------------|--|
| Spring Break Art Camp: Art to Wear March 26-31, 9 am – 4 pm | \$165 | _____ | _____ |
| | | | Subtotal: _____ |
| | | | Less 10% for museum members and UO affiliates: _____ |
| | | | Total Amount: _____ |

Please support scholarships for art classes for children and teens. Donations are fully tax-deductible. Please enclose a separate check, payable to the University of Oregon.

\$ _____

Mail or fax form and payment to:

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

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Registration Policies

- **Registration deadline is March 12.**
- Class enrollment is taken on a first-come, first-served basis. Please register early, as each program has a maximum number of participants.
- Full payment must be received with registration. If you would like a confirmation of class enrollment, please include a stamped, self-addressed envelope. An email with detailed information about the schedule, parking, etc. will be sent to all enrolled campers a week prior to the start of camp.
- Classes with insufficient enrollment may be cancelled one week prior to the first meeting. Full refunds are given when the Museum cancels a workshop or class.
- Refunds of class fees, less \$25, will be made if you withdraw prior to the second class meeting.
- We cannot prorate class fees for students not attending all class meetings.
- For more information about classes and workshops, call (541) 346-6410.

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)



Student Health Form

This form 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 Art Camp.

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 the 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:

JORDAN SCHNITZER **MUSEUM OF ART**

YES, I want to join the Jordan Schnitzer Museum of Art at the University of Oregon!

Name (As you would like it to appear in printed material)

Additional name (For family level memberships and above)

Street

City

State

Zip

Phone

Email

GIFT MEMBERSHIP

Please send this membership as a gift to:

Recipient's Name

Street Address

City

State

Zip

Phone

Email

Gift Card Message

LEVEL

Sun \$10,000

Rock \$250

Crane \$5,000

Deer \$100

Pine Tree \$2,500

Bamboo (family) \$55

Clouds \$1,000

Mushroom (individual) \$45

Water \$500

Turtle (student) \$10

Apply 10% senior discount

Apply \$20 educator discount

PAYMENT

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

Charge my credit card: Visa MasterCard

Card Number

Expiration Date

Name on Card

Signature

My employer _____ will match my gift.

Please complete and return to: Jordan Schnitzer Museum of Art, 1223 University of Oregon, Eugene OR 97403-1223.

THANK YOU FOR YOUR SUPPORT!