



SAN ANGELO MUSEUM OF FINE ARTS

## Spring Break Camp Registration Camp STEAM 2017 AGES 8 – 12 ONLY

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/LEGAL GAURDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Would you like to receive emails about upcoming Family Programs at SAMFA? Yes ☐ No ☐

EMERGENCY CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

NAME(S) OF PEOPLE MOST LIKELY TO DROP OFF/PICK UP CHILD \_\_\_\_\_

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SAMFA staff reserves the right to check the I.D. of anyone picking up children from our programs. SAMFA staff will only release children to persons listed above. If someone else will be picking up your child, please notify the museum at 325-653-3333.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information:** Registration is \$75. This includes daily snacks. Children are required to bring sack lunches. **Please mail or drop your registration off at the Museum:**

Attn: Education  
1 Love Street  
San Angelo, Texas 76903

☐ **Check/Money Order Enclosed** (make checks payable to SAMFA)

☐ **Credit Card** Type \_\_\_\_\_ CC# \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_ Signature \_\_\_\_\_

# Spring Break Camp Medical Release Form

CHILD'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH: \_\_\_\_\_  
(Mo.) (Day) (Year)

HEALTH/ACCIDENT INSURANCE CARRIER: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_

GROUP NO.: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

**PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAN AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY, PLEASE CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOME #: \_\_\_\_\_ WORK # \_\_\_\_\_ CELL #: \_\_\_\_\_

Please list any chronic or acute medical problems (Continue on back if needed): \_\_\_\_\_

Please explain any special considerations we need to know related to the above conditions:

List any allergies to food, pollen, or medicine: \_\_\_\_\_

List any medications being taken at present: \_\_\_\_\_

I ACKNOWLEDGE THE PARTICIPANT'S IMMUNIZATION ARE CURRENT: \_\_\_\_\_ YES \_\_\_\_\_ NO

My child plans to attend the San Angelo Museum of Fine Arts' Spring Break Camp. I fully realize injury or illness could result from or during my child's participation in the camp. In case of accident or illness, I give my permission for them to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S SIGNATURE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN'S NAME PRINTED

\_\_\_\_\_  
DATE

## PHOTO RELEASE

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As the artist's guardian, I hereby grant, royalty-free, to the Museum the rights to reproduce the Artwork in a format suitable for the Internet and computer-mediated learning and education, and to display, digitally publish, and distribute copies of the Artwork to the public for visual arts education and related purposes on websites, CDROMS, DVDs, and related formats or those that become available. Visual arts education includes, but is not limited to, direct educational use, use in brochures and advertising, and other related purposes. I further grant to the Museum the right to prepare derivative works based upon the Artwork and the rights to reproduce, display, digitally publish, and distribute copies of such derivative works to the public.

The museum shall have the right to use the image of the Artwork in perpetuity for the purposes outlined in this Agreement. The Museum assumes no liability or responsibility for any royalties or fees or for any illegal or improper use of the Artwork by other persons, including any infringement of copyright law. The Artist agrees to indemnify and hold harmless the museum, its officers, directors, employees and agents against all claims, demands, costs and expenses. This Agreement may be amended, modified or revoked only by written instrument, signed by the Artist or Artist's guardian and the Museum.

**I agree to both the photo release and access & use of digital reproductions of Artwork.**

Child's Name \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_