



# CAMP REGISTRATION AND TUITION FORM

## YAM CAMP • AUGUST 2-6 2021

### INSTRUCTIONS

Fill out registration and parent waiver form completely and legibly. For multiple children, fill out registration and parent waiver form for each child. Return both forms and pay with credit card or with a check for tuition made out to Yellowstone Art Museum. **Registration is not complete until payment has been recieved.**

### EMAIL FORMS TO

education@artmuseum.org

### PAYMENT

After emailing registration form, call 406-256-6804 to pay by credit card. Provide your name and name(s) of children being registered. You may also stop by the YAM to pay by credit card or check.

If you have questions please call (406) 256-6804 x238 or email education@artmuseum.org.

Child's Full Name (please print) \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Child's Grade \_\_\_\_\_ Child's Age \_\_\_\_\_

Is the student new or returning? \_\_\_\_\_ How many years has he/she attended? \_\_\_\_\_

Please describe in detail any allergies or medical conditions your child has that we should know about:

\_\_\_\_\_

How did you hear about YAM Camp?

\_\_\_\_\_

Name of Parent or Legal Guardian (please print) \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Choose one YAM Camp option:

Ages 6-8, 9:30am-12:00pm

Ages 9-12, 1:00-3:30pm

### PRICE

Member: \$95

Not Yet Member: \$125

Sibling price: \$75 (YAM members only. Must have already registered one child in household.)

# yellowstoneartmuseum



# CAMP WAIVER AND INDEMNITY OF LIABILITY

## YAM CAMP • AUGUST 2-6 2021

This waiver and indemnity applies in connection with the use of the services, facilities, and/or classes of the Yellowstone Art Museum's YAM Camp to be held at the Yellowstone Art Museum, August 2-6, 2021.

1. I, the parent or legal guardian signing below, wish for my child to utilize the services, facilities, and/or classes of YAM Camp.
2. I agree to discharge, waive, release, indemnify, defend, and hold harmless the Yellowstone Art Museum, their directors, management, staff, employees and independent contractors and all their heirs, successors and assigns from any and all claims, demands, injuries, damages, expenses, actions, or course of actions that may arise out of the use of said facilities or the conduction of such classes.
3. I declare and affirm that my child is in good medical and physical condition (with any minor medical issues or allergies being noted at registration) and that the use of the YAM's services, facilities, and classes do not pose any danger to my child's health.
4. I give consent to photographs and videos being taken of my child. All photo and video materials will be used exclusively to promote the Yellowstone Art Museum (including YAM Camp) and its programming and will remain in the property of the museum. Photographs are not sold or used for commercial purposes. If you DO NOT give permission please contact the Education Director of the Yellowstone Art Museum at (406) 256-6804 x231 before completing this form.
5. We reserve the right to cancel YAM Camp if enrollment is not met by Friday, July 16, 2021. In this case all fees will be returned. We also reserve the right to cancel individual classes if enrollment is not met. In this case your child will automatically be registered in one of their alternate class choices. If your child cannot attend YAM Camp, you must contact the Yellowstone Art Museum by Monday, July 19th, 2021 to receive a refund. No refunds will be made after July 19th, 2021.

I have read and understand the foregoing, and acknowledge my consent to the terms of this Waiver and indemnity for my child by signing the Agreement.

**Name of Parent or Legal Guardian (please print)** \_\_\_\_\_

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Child(ren)'s Full Name(s) (please print)** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Daytime Telephone for Emergency Contact Person (\_\_\_\_\_)** \_\_\_\_\_

**Names and relationship with student of anyone who will be picking up or dropping off your child:**

---

---

---

If someone not indicated above will be picking up your child, you must contact Carrie Goe-Nettleton, Museum Art Educator, in advance.

**yellowstoneartmuseum**