



**BOULDER MUSEUM OF  
CONTEMPORARY ART**

**YOUNG ARTISTS AT WORK**  
2019 Summer Camps  
REGISTRATION FORM

ONE FORM PER CHILD PLEASE

Date\_\_\_\_\_

Parent/Guardian Name(s)\_\_\_\_\_

Best Contact Phone\_\_\_\_\_ Is this a Cell Work Home

Child's Name\_\_\_\_\_ M / F Age\_\_\_\_\_

Allergies or special needs?\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

E-mail \_\_\_\_\_

Do you have a current Creative Family Membership? Yes No  
(To receive the Member price, you must have a Family Level Membership or higher)

If not, would you like to become Creative Family Members? Yes No

Would you like to subscribe to our free email newsletter? Yes No

What school does your child attend?\_\_\_\_\_

How did you hear about Young Artists at Work? \_\_\_\_\_

**Health Information**

Family Physician\_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital\_\_\_\_\_

**Emergency Contacts/Additional adults authorized for pick-up**

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship:\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship:\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_ Relationship:\_\_\_\_\_

# Liability Waiver : BMoCA's Young Artists at Work

I hereby permit (child) \_\_\_\_\_ to participate in Young Artists at Work.

1. I exempt Boulder Museum of Contemporary Art, its employees and authorized volunteers from all claims arising from the student's participation in the workshop and surrounding activities.
2. I understand that the student's participation in the workshop is voluntary, and that by participating in the workshop, such participation potentially involves risks and obligations that are impossible to predict. These may include, but are not limited to: the risk of loss or damage to personal property, the risk of sickness, personal injury, or death while participating in the workshop.
3. Boulder Museum of Contemporary Art personnel are not authorized to administer medication of any sort.
4. The student's parent or guardian must provide Boulder Museum of Contemporary Art with an emergency phone number\* where she/he can be reached during the student's workshop time.
5. I understand that the workshop students may visit Central Park across the street from the Boulder Museum of Contemporary Art for activities relating to the workshop, always in the company of a BMoCA instructor or volunteer.
6. I understand that I am solely responsible for dropping off and picking up my student promptly at the beginning and end of each workshop day.
7. If the student is not being dropped off or picked up by the parent or guardian, Boulder Museum of Contemporary Art must be notified in writing.
8. I understand that the Boulder Museum of Contemporary Art does not purchase, or have any medical, dental or hospitalization insurance to cover injuries to or loss of life of students, or to indemnify parents or guardians for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.
9. AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO BMOCA TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR my child named above. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print your name here \_\_\_\_\_

Your Emergency Phone Number(s) \_\_\_\_\_

Child's ALLERGIES or SPECIAL NEEDS \_\_\_\_\_

List all EMERGENCY CONTACTS and other ADULTS AUTHORIZED FOR PICK-UP:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital and Doctor \_\_\_\_\_

## PHOTOGRAPHY CONSENT

I hereby grant the Boulder Museum of Contemporary Art the right to use my child's image and my image for educational program or public relations purposes only.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation & Refund Policy:**

To cancel and request a refund for a program or workshop, please contact BMoCA's Education Department at 303.443.2122. A 10% administrative fee will be charged on all refunds. A 90% refund will be given to cancellations made at least 10 business days before the workshop. A cancellation made within 10 business days before the workshop week prior to a program or workshop will result in a 25% refund. We apologize, but no refunds can be given on the day the program or workshop begins or during its duration.

Please return the completed form to Nicole Roush, Education Coordinator, at [nicoleroush@bmoca.org](mailto:nicoleroush@bmoca.org)