



Ormond Memorial Art Museum Art Class/Workshop Registration

Student Information:

Name: _____

Parent/Guardian Name (If under 18): _____

Address: _____

Phone home: _____ work: _____ cell: _____

E-mail: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Explain any medical problems or allergies that we should be make aware of: _____

Class/Workshop Information:

Instructor: _____ Class Title: _____

Start Date: _____ End Date: _____

How did you hear about this program? ___ newspaper ___ internet ___ mailing _____ other

Waiver: Inc case of an accident requiring medical treatment, I authorize to receive such treatment as the attending personnel deem appropriate. I also agree not to hold the Ormond Memorial Art Museum or persons acting on its behalf, responsible for injuries suffered by myself during activities sponsored by OMAM. In consideration of OMAM's acceptance of my enrollment, I hereby waive and release any or all rights and claims to damage against OMAM. I grant full permission to OMAM to use any photographs or videos of my art of classroom activities for promotional purposes. I understand that the non-refundable tuition is due in full with the completed application. I understand that the Museum administrators have the right to dismiss any student for any serious misbehavior and that I will not be entitled to a refund of tuition. **By signing this form, I acknowledge that I have read and understand the above policies. This agreement is a legally binding instrument when signed by the resigstrant.**

Signature: _____ Date: _____

Note: must be signed by guardian if under 18.

**Registration may be mailed to & checks payable to: Ormond Memorial Art Museum
78 East Granada Blvd. Ormond Beach, FL 32176
For information call 386-676-3347 or visit www.ormondartmuseum.org**