# REYNOLDA HOUSE MUSEUM *of* AMERICAN ART

## 2017 Summer Adventures *for Kids*

**Form must be completed to register.**

### CREATIVE WRITING WORKSHOP

**Members** $180/$170 sibling **Non-members** $195/$185 sibling

☐ **Workshop (completed grades 6–9; June 27–30)**

### ART ADVENTURES

**Members** $140/$130 sibling **Non-members** $155/$145 sibling

☐ **Session I (completed grades K–5; July 10–14)**

☐ **Session II (completed grades K–5; July 17–21)**

### WRITING ADVENTURES

**Members** $140/$130 sibling **Non-members** $155/$145 sibling

☐ **Session I (completed grades 1–2; July 24–28)**

☐ **Session II (completed grades 3–5; July 31–August 4)**

### STUDENT REGISTRATION

1. _____ _____ _____
Last name, First name 2016–17 Grade Gender

_____ _____
School/Group with Tuition Fee

2. _____ _____ _____
Last name, First name 2016–17 Grade Gender

_____ _____
School/Group with Tuition Fee

3. _____ _____ _____
Last name, First name 2016–17 Grade Gender

_____ _____
School/Group with Tuition Fee

**Tuition total: $** _____

### PARENT/GUARDIAN INFORMATION

_____
Last name First name

_____
Mailing Address

_____
City State Zip code

_____
Telephone

_____
Email

_____
**Emergency Contact Name/Relation/Telephone** (if different than above)

### PAYMENT

☐ Check (payable to Reynolda House) ☐ Visa ☐ MC ☐ Cash

_____
Name as it appears on credit card

_____
Credit card number Expiration Date

_____
Signature:

### MEDICAL INFORMATION

Known severe allergies to food, insects, etc.: _____

_____

Medical concerns or conditions that program staff should know about, including contagious illness, epilepsy, asthma, diabetes, previous injuries, etc.: _____

_____

Is there anything we should know about your child's swimming abilities?

_____

If participant has a disability that requires assistive devices, services or other accommodations to participate in this activity, please call 336.758.5599 to make arrangements at least five business days before the start of session.

### LIABILITY RELEASE AND WAIVER

In consideration of his or her minor child's participation in activities at Reynolda House Museum of American Art, the undersigned parent or guardian acknowledges that this release and waiver of liability form will be relied upon by the stated party, and that it will govern the actions and rights of the undersigned and his or her minor child. The undersigned hereby agrees, for himself or herself and on behalf of the minor participant, as follows:

I knowingly and fully assume all risks, known and unknown, associated with participation in activities at Reynolda House Museum of American Art, and waive all claims for damage to person or property arising from such participation. I hereby release, discharge, and hold harmless Reynolda House, Inc., and its staff and representatives from any and all claims, damages or liability arising from loss, personal injury, property damage or theft, or actions of any kind. This release and waiver covers the risks above whether arising from (i) negligence or carelessness on the part of the persons or entities being released and other participants or (ii) dangerous settings, furnishings or defective equipment.

### PARENT/GUARDIAN ACKNOWLEDGEMENT

The undersigned parent and/or guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless the parties referred to above of all liability, loss, medical claim or any damages whatsoever, and releases said parties on behalf of the minor and the parents or legal guardian.

_____
**Participant name(s)** **Date(s) of birth**

_____
**Parent/Guardian name (please print)**

_____
**Parent/Guardian signature** **Date**

**Return form and payment to: Summer Adventures,**
**Reynolda House Museum of American Art**
**PO Box 7287, Winston-Salem, NC 27109**
**or fax to 336.758.5650**

Questions? Contact Julia Hood, Coordinator of Education,
336.758.5599 or hoodje@reynoldahouse.org