



REYNOLDA

· 1917 · CENTENNIAL · 2017 ·

2018 SUMMER ADVENTURES FOR KIDS

Form must be completed to register.

CREATIVE WRITING WORKSHOP

Members \$190/\$180 sibling Non-members \$205/\$195 sibling

Workshop (completed grades 6–9; June 26–29)

ART ADVENTURES

Members \$150/\$140 sibling Non-members \$165/\$155 sibling

Session I (completed grades K–5; July 9–13)

Session II (completed grades K–5; July 16–20)

WRITING ADVENTURES

Members \$300/\$290 sibling Non-members \$315/\$305 sibling

Two-week session (completed grades 1–5; July 23–August 3)

STUDENT REGISTRATION

1. _____
Last name, First name 2017–18 Grade Gender

School/Group with Tuition Fee

2. _____
Last name, First name 2017–18 Grade Gender

School/Group with Tuition Fee

3. _____
Last name, First name 2017–18 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 Exp. Date CVV

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