

REYNOLDA

Summer Adventures Registration + Scholarship Application

Thank you for choosing Reynolda House Museum of American Art for an enriching experience this summer! We are able to offer up to five Wilcox Scholarships. To qualify for this scholarship, you must be a first-time applicant (to the scholarship), and the parent/guardian of the child who would like to attend our summer program. *Note:* all applicants that meet the requirements will be considered. To honor the person for whom the fund was created, preference may be given to the children of teachers. Scholarship requests are due by **May 1st**, and will be considered in the order in which they are received. Awards are determined by mid-May.

Which camp session would you like your child to attend?

CREATIVE WRITING WORKSHOP

Workshop (completed grades 6–9; 6/24–6/28)

ART ADVENTURES

Session I (completed grades K–5; 7/8–7/12)

Session II (completed grades K–5; 7/15–7/19)

WRITING ADVENTURES

Two-week session (completed grades 1–5; 7/22–8/2)

STUDENT INFORMATION

Last Name: First Name:

2018–19 Grade: 2018–19 School:

Date of Birth: Gender:

Known severe allergies to food, insects, etc:

Medical conditions or other concerns of which program staff should be aware, including contagious illness, epilepsy, asthma, diabetes, previous injuries, comfort level/skill with swimming, etc.:

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

PARENT/GUARDIAN INFORMATION

Parent/Guardian(s) name(s):

Are parents/guardians living at same address? Yes No

If not, who is current primary caregiver or legal guardian?

Child's primary address:

City: State: Zip:

Parent/guardian telephone:

Parent/guardian email:

Emergency Contact Name, Relation, Telephone:

Is one parent or legal guardian a teacher (primary occupation)? Yes No

At what school?

FAMILY FINANCIAL INFORMATION

Total number of family members living in primary residence:

Number of dependents (under 18) living in primary residence:

Number of dependents (over 18) living in primary residence:

Total household income:

I attest that the financial and family information I have provided above is accurate and truthful:

Signature

Date

SCHOLARSHIP REQUEST

To be considered for the **Wilcox Scholarship**, please articulate your need in letter form—in 200 words or less—and return with this completed and signed Registration + Scholarship Application, and Summer Adventures Waiver.

Note: If you are a teacher, your letter must be submitted on the letterhead of the school where you are currently employed, and returned with this completed and signed Registration + Scholarship Application, and Summer Adventures Waiver.

SUMMER ADVENTURES WAIVER

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, 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 Acknowledgment

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 release 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): _____

Signature

Date

Return completed and signed Registration + Scholarship Application, explanation of need letter, and Summer Adventures Waiver to:

Summer Adventures
Reynolda House Museum of American Art
PO Box 7287, Winston-Salem, NC 27109
or fax to 336.758.5650 or email to hoodje@reynoldahouse.org

Questions? Contact Julia Hood, 336.758.5599 or hoodje@reynoldahouse.org. More information about Summer Adventures can be found at reynoldahouse.org/summer-adventures.