

# Fall 2005 Registration Form

**MUSEUM MEMBERS:** Registration must be sent by mail postmarked NO EARLIER THAN Saturday, August 6. **NON-MEMBERS** may register beginning Saturday, August 13.  
**DO NOT ENCLOSE YOUR PAYMENT.** We will bill you and confirm your classes by mail.

Are you a Museum member? Circle YES NO Expiration Date: \_\_\_\_\_

Adult's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Student's Name	Age	Birth Date	Class Name	Session	Code#	Section	Fee

Any participants with special needs, medications or allergies? \_\_\_\_\_

I would like to donate \$\_\_\_\_\_ to the Family Museum's Scholarship Fund to help other children participate in classes. **THANK YOU!**

### PARENTAL WAIVER FOR CHILDREN UNDER 18

I, \_\_\_\_\_ (parent/legal guardian) give permission for \_\_\_\_\_ (child/student) to participate in activities and trips as part of the class in which he/she is enrolled. I give permission for him/her to perform throughout the year at events and festivals as part of the opportunity to practice artistic skills learned at the Family Museum. I understand that parents are responsible for the safety of the child at these events as well as transportation to and from said events, and that the Family Museum does not provide supervision before/after any event. I release the Family Museum, its agents, employees, and volunteers, from any and all liability which may arise from participation or observation of said events or activities. I give permission for my child's likeness, voice, and/or work to be photographed, videotaped, or recorded during events, classes, or activities for use in publications, media, advertising, or annual reports of the City of Bettendorf, without compensation. I give permission for other parents to photograph my child as part of classes, events or activities. I understand that my signature on this form releases the Family Museum, the City of Bettendorf, its agents and employees from all liability at the above mentioned events, performances or activities.

**THIS IS A RELEASE, PLEASE READ CAREFULLY BEFORE SIGNING!** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check here if you prefer monthly installments (dance classes only)**

**Send Completed Registration Form To:**  
 Registration  
 2900 Learning Campus Dr  
 Bettendorf, IA 52722

**We DO NOT accept Discover Card.**

**FOR CREDIT CARD USE**      Circle one: **Mastercard**      **Visa**

We will confirm classes by mail and charge classes.

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder name (print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_