

Spring/Summer 2005 REGISTRATION FORM

MUSEUM MEMBERS: Registration must be sent by mail postmarked NO EARLIER THAN Saturday, March 5. **NON-MEMBERS** may register beginning Saturday, March 12 .
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: _____

SEND COMPLETED FORM TO:
 Registration
 Family Museum
 2900 Learning Campus Drive
 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 _____	