

FIRST NIGHT MONTEREY SUMMER DAY ART CAMP
ARCHER PARK COMMUNITY BUILDING
 542 Archer Street, PO Box 185, Monterey, Ca 93942
 831-373-4778 • WWW.FIRSTNIGHTMONTEREY.ORG • 831-642-9860 FAX

REFUND POLICY and REMINDERS:

- Payment of all class fees must be submitted with registration form
 - Make all checks payable to: **FIRST NIGHT MONTEREY.**
 - NO refunds after class begins. ● Full refunds given if class is canceled by FNM.
 - Refunds given if notified before the class begins. A 25% service charge will be assessed.
- Sign up with a friend! Lots of one-on-one attention with teacher and teenaged assistants.

PLEASE PRINT

PARTICIPANT

Name: First _____ Last _____ M F

Resident Address _____

City _____ State _____ Zip _____

Home Phone _____ WorkPhone _____ Cell _____

Email _____

Emergency Contact _____

Emergency Contact Phone _____

*Date of Birth _____ *Grade _____ *Age _____ *School _____

Special Medical Instructions

Doctor's Name _____ Telephone _____

PARENT/GUARDIAN

Required for Participants under 18 years of age

Parent/Guardian Name: First _____ Last _____

Parent/Guardian Address (if different) _____

City _____ State _____ Zip _____

ACTIVITY

Session	Days of Week	Extended Day Supervision	Workshop Fee	TOTAL FEE

In consideration for being allowed to participate in First Night Monterey art workshop programs, I, the undersigned, agree to indemnify, hold harmless, and release First Night Monterey (FNM), its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "FNM") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any FNM sponsored workshop program, and agree to refrain from bringing any claim, lawsuit or other proceeding against the City stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members are enrolled in activities at the appropriate level for their physical abilities and medical conditions, and fully understand that Household Members and I assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in programs. I authorize FNM employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any FNM sponsored workshop program and agree to be responsible for all costs incurred. I acknowledge that FNM may take publicity photographs and/or recordings of any FNM sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injuries received.

Participant Parent Guardian

Signature required to register _____

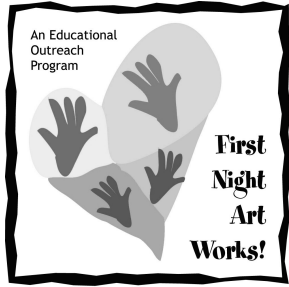
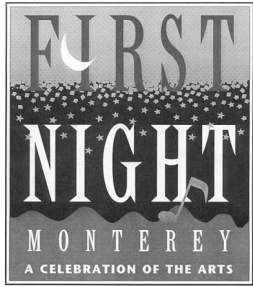
METHOD OF PAYMENT: Check MasterCard Visa American Express Pay with PayPal

_____ Exp. Date _____

Name of cardholder (Please print) _____

Signature _____ TOTAL AMOUNT DUE _____

First Night Monterey
PO Box 185
542 Archer Street
Monterey Ca 93942
(831) 373-4778 office
(831) 642-860 fax
www.firstnightmonterey.org



PHOTOGRAPHY PERMISSION FORM

As part of our communications activity, First Night Monterey occasionally uses photography for publicity purposes. We would like your permission to photograph/film your child as part of the art camp for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of First Night and will be used for the designated purpose of promoting FNM's aims in relation to widening access to our ArtWorks! Program. It may also be included in the central FNM image library for use by other FNM's funders. You/your relative's contact details will remain strictly confidential.

Name:
Address:
Contact number:
E-mail address:

If the participant is under 16 years old, please give date of birth of individual and name and contact details for parent/guardian:

Date of birth:
Name of parent/guardian:
Contact number:

I permit First Night Monterey, to use photographs of me/my relative in FNM publications and publicity material, and for inclusion in the central FNM image library.

Signed: Date:

(must be signed by parent/guardian if individual is under 16 years old)

For FNM internal use:

Photographer:
Date: Location:
Subject:
Copyright: