



Summer Camp Registration

Please complete the following camp registration form and return to Brian Buttafuoco, Director of Education, at bbuttafuoco@museumaacm.org.

Primary Contact Information

Name of Child (First, Last) _____

Address _____

Age _____ Grade for 2024-25 School Year _____

School Name _____

Name of 1st Parent/Guardian _____

Mobile _____ Work _____

Email _____

Name of 2nd Parent/Guardian _____

Mobile _____ Work _____

Email _____

Emergency Contact Information

Emergency Name _____

Emergency Phone _____

Who is authorized to pick up your child? (Please include your name. All authorized pick up guardians will be required to show a valid driver's license at pick up.)

Please choose the camp your child is interested in:

- Masters of Materials (June 17th – June 20th, 2025. 10 am - 1 pm)
- Arts and Crafts Animals (June 24th – June 27th, 2025. 10 am – 1 pm)
- Design Like an Artist (July 15th – July 18th, 2025. 10 am – 1 pm)

Does your child have any allergies, illnesses, or special accommodations we should be aware of?



Medical Information and Liability Release Form

Camper's Name _____

Medical Information

Clinic/Hospital of preference _____

Insurance (if any) _____

Doctor to contact in case of medical emergency _____

(Name)

(Phone)

Doctor's Address _____

(City)

Doctor's Phone _____

Medical information & consent for emergency treatment

- I give permission for my child to be transported by ambulance or aid car to an emergency center for treatment if needed. In the event that I cannot be contacted, I further consent that medical, surgical, hospital care, treatment, and procedures be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Please check all that apply:

- My child is allergic to the following: _____

MAACM staff and instructors cannot administer medication. If any of the above-noted allergies are life threatening, I will contact MAACM staff directly and supply my child with the necessary treatment for allergic reactions. My child will carry this treatment with him/her at all times.

- My child does not have any known allergies.
- Anything else we should know about your child:

I confirm that all information included on this form is true to the best of my knowledge.

I give consent to my child participating in MAACM camps, and hereby release the Museum of the American Arts and Crafts Movement, its trustees, owners, instructors, and employees from liability for any injury my child may suffer as a result of his/her participation.

Parent/Guardian Signature _____ Date _____



Minor Appearance Release

I, _____, on behalf of my minor children registered, for a MAACM camp, grant to the Museum of the American Arts and Crafts Movement and all persons acting with the Museum's authority, the right to take and create photographs, videos, still and moving images, audio recordings, and other graphic and audio depictions, in all formats, incorporating my children's name, image, likeness, voice, and appearance for use in all media, as detailed below. By signing this release, I grant MAACM in perpetuity:

1) Permission to photograph, record, digitize, edit, save, use, reuse, copy, publish, re-publish, distribute, broadcast, stream, and webcast content for

a) Museum purposes, examples of which include but are not limited to: Promotion, advertising, marketing, fundraising, public relations, press releases;

b) information, exhibition, education, scholarship;

c) art, editorial, trade, publishing;

d) packaging for any product or service offered in connection with the museum; and

e) creation of MAACM merchandise, the proceeds of which shall be used to advance the mission of MAACM.

2) I understand and agree that MAACM shall be the exclusive owner of all rights, title, and interest in and to content, including copyright in the content and any works created using or containing the content.

Release

I understand and agree that MAACM shall be the exclusive owner of all rights, title, and interest in and to the content including copyright in the content and any works created using or containing the content;

I understand and agree that MAACM may combine the content with other materials, images, video, audio, text, and graphics, and crop, alter, or modify the content;

I waive any right to inspect or approve the use of the content;

I understand and agree that neither I nor my children have any right to payment, and hereby waive all claims to compensation or damages based on MAACM's creation and use of the content;

I hereby release, discharge, and agree to hold harmless MAACM, its officers, directors, trustees, and employees, from any claims and liability, arising from or relating to any and all use, modification, or alteration of the content.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I fully understand the contents thereof. This release shall be binding upon me and my children, heirs, legal representatives, and assignees.

Name _____

Signature _____ Date _____

Subject is a minor – parent/guardian signature required

I present and warrant that I am the legal guardian of _____, and have full legal right and authority to consent to the above and execute this release on their behalf.

Signature _____ Date _____

Parent/Guardian Name (Printed) _____