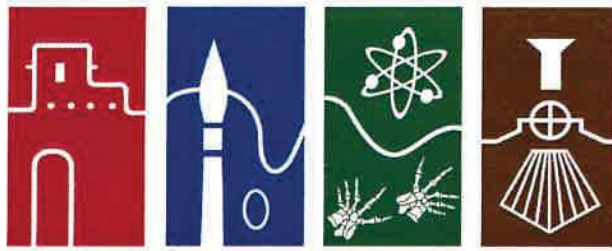


# M U S E U M S



 **City of Las Cruces**

Color Version / Helvetica Light

**PLEASE READ THIS PAGE BEFORE PRINTING! You may not need to print all 10 pages!**

Greetings, and thanks for your interest in the City of Las Cruces Museum System's summer programs!

For your convenience, we are providing the registration forms for each museum's classes/workshops/camps online in a downloadable PDF format.

When you print the forms, only print the pages you need. There is no need to print all 10 pages unless you are registering for classes at all four museums!

For each of the following museums, print the indicated pages in the "page range" field in the print window.

<b>Museum of Art:</b>	<b>PAGE 2</b>
<b>Branigan Cultural Center:</b>	<b>PAGE 3 - 4</b>
<b>Railroad Museum:</b>	<b>PAGE 5</b>
<b>Museum of Nature &amp; Science:</b>	<b>PAGES 6 - 10</b>

PLEASE USE ONE FORM PER PERSON; PRINT ADDITIONAL FORMS AS NECESSARY

Las Cruces Museum of Art Summer Studio  
Registration Information

Museum  
of Art



### Studio Programs Registration

Make checks payable to City of Las Cruces  
Return to: Museum of Art Studio Programs  
PO Box 20000, Las Cruces, NM 88004

#### GENERAL POLICY

- ◆ Children under the age of 18 must submit a registration form with medical authorization signed by a parent or legal guardian before attending class.
- ◆ A refund will be issued if the student drops the class at least three days prior to the first class. A full refund will be issued if the class is cancelled by the Museum. All refunds per City of Las Cruces Refund Policy.
- ◆ All supplies are included in the fee for children's classes.
- ◆ Students will not adjust, tamper with, or alter materials, glazes, tools, or any property of the studio without supervisory consent.
- ◆ Threatening, harassing, and offensive language, disruptive or inappropriate behavior is not tolerated within the studio. This includes any behavior perceived to disturb peace within the studio environment or of students or staff members.
- ◆ Violating offenses may result in student suspension from the program or a probationary warning. Students suspended from the program are not eligible for a refund of class fees.
- ◆ To prevent class cancellations we require a minimum registration of 4 students per class.
- ◆ Parents must arrive on time to pick up their children and must sign their children in and out of classes.
- ◆ Please note classes are not held July 2 - 6
- ◆ **Artwork not picked up within 30 becomes the property of the museum and may be discarded.**

**Tuition is due in full at the time of registration.**

While we encourage parents to visit our programs, we appreciate your not remaining in the classroom for the duration of the class.

#### HOW TO REGISTER

- ◆ **In Person at 491 N. Main Street, Tuesday - Saturday from 8am to 4:30pm.**
- ◆ **By Mail. Please fill out form and mail with check or money order made payable to CITY OF LAS CRUCES to:**  
*Museum of Art Studio Programs  
PO Box 20000  
Las Cruces, NM 88004*



**Registration begins  
Tuesday, May 14 at 8am**

Student Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Parent or Legal Guardian Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Class Number \_\_\_\_\_ Class Description \_\_\_\_\_ Fee \_\_\_\_\_

Class Number \_\_\_\_\_ Class Description \_\_\_\_\_ Fee \_\_\_\_\_

\*  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Please inform us if you have any special needs. \_\_\_\_\_

Are you on our mailing list? Yes Add Tuition total: \_\_\_\_\_

\_\_\_ Check Enclosed \_\_\_ Cash Payment \_\_\_ Credit Card

Please initial here only if you **DO NOT** wish photos of you or your children engaged in studio programs to be used in promotional materials. \_\_\_\_\_

In the event of illness or injury, I authorize the staff of the Museum to act as my agent in obtaining medical care for the student listed above.

Your signature below indicates your acceptance of the program policies on this document. Please sign below.

X \_\_\_\_\_  
Signature of Student, Parent or Legal Guardian



**Branigan Cultural Center**  
 501 N. Main Street  
 PO Box 20000  
 Las Cruces, NM 88004  
[las-cruces.org/museums](http://las-cruces.org/museums)

## Summer 2013 Workshops

In this series of workshops, participants will learn about the Southwest through activities and crafts. Participants must be ages 7-12. Registration begins May 16.

Date	Craft
June 12 & 13	Archaeologist in Training
June 19 & 20	Southwest Ceramics
June 26 & 27	Retablos
July 10 & 11	Sand Painting
July 17 & 18	Punched Tin

Each workshop is a two-day class meeting on Wednesday and Thursday from 2 to 4pm. The \$10 registration fee (per person, per workshop) covers all supplies. All workshops are held at the Branigan Cultural Center.

### Workshop Registration Form

#### Adult - or - Parent Information for minor

Name: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt # \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

#### Complete One Line for each Person and each Workshop

Workshop	Dates	Participant's Name	"Adult" <b>OR</b> Age of Child	Fee
Total Fees				

**Fee is due in full at the time of registration.** No telephone reservations accepted. Make checks payable to City of Las Cruces. Please review policies on reverse and sign below to indicate your approval.

**X** \_\_\_\_\_  
**Signature of Adult Participant or Parent/Guardian of Child Participant (Required)**

<b>Staff Use Only</b>	Date Received: _____ Amount Paid: _____
	Check # _____ Cash _____ Credit Card _____ Receipt # _____

# Branigan Cultural Center Summer Workshop Registration Information and Policies

## GENERAL POLICIES

- Tuition is due in full at registration. Spaces will be held only for paid registrants.
- Due to workshop demand and to ensure equal access for everyone, pre-registration and temporary holding of spaces is not permitted.
- All supplies and materials are included in the registration fee.
- If you need a special accommodation for registration, please call 575 541-2154.

## REFUNDS

- All refunds will be handled per City of Las Cruces Refund Policy.
- A refund will only be issued if the participant cancels a reservation 72 hours in advance or if the Branigan cancels the workshop.

## MINORS

- Parents must arrive to pick up their children on time or arrange for child's transportation in a timely manner.
- Disorderly conduct or misbehavior will not be allowed. Disorderly conduct will result in suspension from workshops. Suspension due to misconduct does not release the student/parent from financial obligation for the workshop.
- We encourage parents to visit our programs at any time. However, we ask that you do not remain in the room with your children for the entire session.

## CONSENT

- I permit photographs of me and/or my child (children) to be used in promotional materials. **(If you do NOT, initial here \_\_\_\_)**
- In the event of illness or injury, I authorize the staff of the Museum to act as my agent in obtaining medical care for the child or children registered for workshop(s).
- Unless I have indicated otherwise, I accept the entire program policies listed on this document.
- **Your signature at the bottom of page one indicates you have read and agreed to these conditions.**



## Registration Information

### GENERAL POLICIES

- Children under the age of 18 must have a medical authorization form signed by a legal guardian before attending class.
- A refund will be issued if the student drops the class at least three days prior to the first class meeting. A full refund will be issued if the class is canceled by the Museum. All refunds are as per City of Las Cruces Refund Policy.
- Disorderly conduct or misbehavior will not be allowed. Disorderly conduct may result in suspension from classes. Parents must arrange for student's transportation home immediately (as applicable). Suspension due to misconduct does not release the student/parent from financial obligation to the Railroad Program.
- Parents must arrive to pick up their children on time.
- All supplies are included in the tuition for classes.
- Tuition is due in full at the time of registration.
- Spaces will be held only for paid registrants.

PLEASE NOTE: We encourage parents to visit our programs at any time. However, we ask that you do not remain in the classroom with your children for the entire class.

### HOW TO REGISTER

Contact Joanne Beer at 647-4480, [jobeer@las-cruces.org](mailto:jobeer@las-cruces.org) or come by the Museum Thursday-Saturday from 10-4pm.

Make checks payable to: City of Las Cruces

For more information, visit our website [museums.las-cruces.org](http://museums.las-cruces.org)

## Railroad Museum Class Registration

### Return to:

Las Cruces Railroad Museum  
PO Box 20000, Las Cruces, NM 88004

\_\_\_\_\_  
Student Name (Age of child)

\_\_\_\_\_  
Class Title Tuition

\_\_\_\_\_  
Parent/Guardian's Name (student under 18 years of age)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency contact Phone

\_\_\_\_\_  
Please inform us if your child has any special needs or allergies.

Tuition total \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Rect. # \_\_\_\_\_

Received by \_\_\_\_\_

I permit photographs of me and/or my child to be used in promotional materials. (If you do NOT, initial here) \_\_\_\_\_

In the event of illness or injury, I authorize the staff of the Museum to act as my agent in obtaining medical care for the child listed above.

Unless I have indicated otherwise, I accept all of the program policies listed on this document. **Please sign below.**

X \_\_\_\_\_  
Signature of Parent/Legal Guardian



**Museum of Nature & Science**  
 411 N. Main Street  
 Las Cruces, NM 88001  
 (575) 522-3120  
 E-Mail: [khanson@las-cruces.org](mailto:khanson@las-cruces.org)

## SUMMER CAMP REGISTRATION

Please one registration per camper. Please complete this form. Mail or drop off: Las Cruces Museum of Nature & Science, 411. N Main Street, Las Cruces, NM 88001

Child's name \_\_\_\_\_

Child's age on June 1, 2013 \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date of Camp (check one):

- |                          |              |                        |              |       |
|--------------------------|--------------|------------------------|--------------|-------|
| <input type="checkbox"/> | June 3 – 7   | Marine Biology         | Ages 10 – 12 | \$150 |
| <input type="checkbox"/> | June 10 – 14 | Catch the (Sound) Wave | Ages 7 – 9   | \$125 |
| <input type="checkbox"/> | June 17 – 21 | Nature Art             | Ages 5 – 6   | \$100 |
| <input type="checkbox"/> | June 24 – 28 | Summer Science Mash Up | Ages 7 – 9   | \$125 |

Total Fee: \_\_\_\_\_

Please make checks payable to: Museum of Nature & Science

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



Museum of Nature & Science  
 411 N. Main Street  
 Las Cruces, NM 88001  
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## SUMMER CAMP - CAMPER INFORMATION

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Camp Attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Grade (as of August) \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother/ Guardian's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Father/ Guardian's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_ Alt. phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Provider \_\_\_\_\_

Name of policyholder \_\_\_\_\_ Policy number \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Authorized Pick-up Person(s)** (other than parent/guardian)  
 (Only those listed will be allowed to sign out your child. Proper ID must be shown)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Medical Information

Does your child have any of the following (check all that apply)?

- |   |  |
|---|--|
| <input type="checkbox"/> Seasonal allergies                       | <input type="checkbox"/> Epilepsy                                    |
| <input type="checkbox"/> Medication allergies (please list below) | <input type="checkbox"/> Diabetes                                    |
| <input type="checkbox"/> Food Allergies (please list below)       | <input type="checkbox"/> Insect sting allergy (please explain below) |
| <input type="checkbox"/> Asthma                                   | <input type="checkbox"/> Hearing difficulties (please explain below) |

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Is your child on any medications? If yes, please list \_\_\_\_\_  
\_\_\_\_\_

Will your child need to receive medication during the camp day?  Yes  No

If yes, please list name of medication, dosage, and time to administer: \_\_\_\_\_  
\_\_\_\_\_

**All medications must be in the original container and accompanied by a physician's note or they will not be administered.**

Does your child have any serious fears or phobias? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical limitations or handicaps? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_



**Parent Agreement**

(Please initial each statement)

- \_\_\_\_\_ I give permission to the Las Cruces Museum of Nature & Science Summer Camp to administer emergency medical attention to my child in my absence. I understand the MoNaS will make every effort to contact the parent in case of any emergency. I understand I am liable for any medical care costs incurred in the case of emergency treatment.
- \_\_\_\_\_ The information above is correct and current to the best of my knowledge. I agree to make the MoNaS aware of any changes to address, phone, emergency contact information, etc. as soon as these changes occur.
- \_\_\_\_\_ I give my permission for my child to participate in all the field trips off the MoNaS campus.
- \_\_\_\_\_ I authorize the MoNaS to use any photograph, video images, or slides of my child for public relations purposes.

**Behavior Contract**

(Please Initial)

- \_\_\_\_\_ Any child exhibiting behavior that may cause harm to themselves, other campers, or camp staff will be asked to leave. These behaviors include, but are not limited to, hitting, kicking, biting, sexual harassment, and/or possessing weapons or illegal substances.
- \_\_\_\_\_ I have discussed the above rules with my child and agree to abide by them. I understand that if my child does not follow these principles, a personal conversation between the camp Director and Parent/Guardian will occur prior to any action being taken. Campers not abiding by these rules will be asked to leave the MoNaS Summer Camp program.

*Refunds will not be given due to expulsion or suspension from program.*

**Late Pick-up Policy**

- \_\_\_\_\_ Camp ends each day at noon. Any child remaining after noon will be subject to a late fee of \$5 per 15 minutes, payable at the time of pickup. If we are unable to contact a parent/guardian by 12:30 pm, we will then contact the Department of Social Services Child Protection Agency.
- \_\_\_\_\_ I, \_\_\_\_\_, agree to pay any late fees in accordance with the above policy.  
name of parent



Museum of Nature & Science  
411 N. Main Street  
Las Cruces, NM 88001  
(575) 522-3120  
E-Mail: [khanson@las-cruces.org](mailto:khanson@las-cruces.org)

## STUDENT RELEASE AND WAIVER OF LIABILITY

### Summer Camp

The undersigned wishes to participate as a student in a City of Las Cruces Student Activity. In signing this agreement:

- A. The undersigned agrees to abide by all policies concerning the Student Activity that are provided or explained to the student.
- B. The undersigned recognizes that the Student Activity is not without risks. The undersigned agrees to help minimize those risks by exercising reasonable judgment and due care for his/her own safety. The undersigned also recognizes that he/she is a student and may choose not to perform a task requested by Summer Camp personnel, especially if the request goes beyond the risks that the undersigned wishes to accept.
- C. The undersigned acknowledges he/she is not an employee of the City of Las Cruces and is therefore, not provided with workers' compensation coverage, salary, medical insurance or any other benefit available to employees of the City of Las Cruces. If a student is injured, suffers a loss or is sued as part of the student activity, he/she will have such rights, defenses and privileges as are granted by the New Mexico Tort Claims Actions, 41-4-1, et seq. NMSA 1978 (1996 Repl) and as amended.

All students will be participating in all the field trips as scheduled in the Summer Camp brochure unless specified in writing by Parent or Guardian.

Due to safety considerations, all students must follow all rules of conduct and safety while hiking during Summer Camp. Failure to follow these rules may result in the student being dropped from the program.

Permission/Consent: \_\_\_\_\_ has my consent to participate in Summer Camp program under supervision of instructors. I understand this program involves some risks and is purely voluntary in nature. I or my minor child will travel in a vehicle of my choice on this trip. I hereby release the City of Las Cruces and City staff or instructors from any claim for personal injury or property damage suffered by me or by my minor child as a result of participating in the above described day trip/overnight camp.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
In case of emergency contact: \_\_\_\_\_  
\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_  
(Required for students under 18 years of age)