YOUTH PROGRAMMING Policies & Procedures:
Teen Workshops, SMART ART, Summer Camps

Students must be the correct age for the workshop as of the first day of class.

Youth Programs will meet for the times specified in the class description. Students attending all-day workshops are asked to bring a lunch and a snack.

Guardians must check in with SVMoA Staff to sign out students at the end of classes or put in writing if students will be leaving with someone other than their guardian or walking or riding a bike home.

Workshop/class fees are charged in full at the time of registration. In order to receive a refund, cancelation notice must be given two-weeks prior to the start of the workshop/class.

Health and Safety

SVMoA requests that unvaccinated individuals wear masks inside The Museum and at any indoor SVMoA event or class. SVMoA is following best practices and protocols in accordance with CDC guidelines and the state of Idaho, and we ask that all class participants, guest artists and staff abide by them.

Please check for symptoms and if your child is not feeling well, keep them home and notify SVMoA staff, Sophie Sawyers, Education Director (208-721-9491 x120 or ssawyers@svmoa.org).

- In the case of a participant being unable to attend a program due to symptoms compatible with COVID-19, families can request a refund or credit for the pro-rated amount of their enrollment fee.

If SVMoA Cancels a Class or Workshop

Please register early! Registration is ongoing, on a space-available basis. Some classes may fill up, while others may be canceled due to low enrollment. Early registration secures your spot and enables SVMoA to plan more appropriately.

Occasionally, SVMoA must cancel a workshop due to low enrollment, instructor illness or other unforeseen circumstances. We will notify you if a class/workshop for which you have registered has been canceled.

- If a program is canceled, families may choose to receive a refund, receive credit for a future class, or make a donation to SVMoA for amount of their enrollment fee.

As a parent and/or guardian of a child, I agree to abide by and follow Sun Valley Museum of Art policies and procedures.
Child’s Name: ____________________________________________________________

Date of Birth: _______________ Grade: _______ Home Phone: _______________________

Mother’s/Guardian Name: ___________________________________________ Cell Phone: _______________________

Father’s/Guardian Name: ___________________________________________ Cell Phone: _______________________

Address: ___________________________________________________________________________________________________

City: ________________________________________ State: _________________ Zip: _______________________

Emergency contact in case guardians cannot be reached:
Name: ___________________ Phone: __________________ Relationship to Child: ____________________

Is your child allergic to anything? (Please list)
_____________________________________________________________________________________________________________

Are there any underlying medical conditions, special needs or other information that you think would be important for us to know about your child?
_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Photo Release:

I give permission for Sun Valley Museum of Art to photograph my child while participating in Youth Programs at SVMoA. The photos will be used at our discretion for general SVMoA marketing materials.

Parent or Legal Guardian Signature __________________________________ Date _______________________

Liability Waiver:

We, the parents/guardians of __________________________ will not hold Sun Valley Museum of Art or its staff responsible for any accident or illness, including infection with viruses or bacteria that may occur its class/workshop. If an accident does occur, we give Sun Valley Museum of Art and its staff our approval/permission to call 911 and to arrange emergency transportation of my child to the hospital and receive medical attention until we arrive. THE PARENTS OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE and all costs related to treatment.

Parent or Legal Guardian Signature __________________________________ Date _______________________
