

CMA Teen Membership Application 2012

Part I: Student Contact Information

Name:

Date of Birth and Grade:

School:

Home Address

Home Phone:

Student Cell Phone:

Student Email:

Parent/Guardian Name:

Parent/Guardian Cell Phone:

Parent/Guardian Phone:

Parent/Guardian Email

Part II: Guardian Permission for Membership

- A. I, _____, hereby give permission for my child, -
_____, to participate in the Teen Membership allowing my child to
be in the Museum unaccompanied by a guardian.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

- B. I, _____, hereby give permission for my child, -
_____, to travel to and from CMA, 103 Charlton St., independently
(without adult supervision).

Parent/Guardian Signature Date

Parent/Guardian Signature Date

In signing this permission slip, I/we both individually and as legal guardian(s) of my/our child, hereby waive any and all claims against The Children's Museum of the Arts, its agents and employees, that may arise out of any injury, loss or other damage, suffered by my/our child prior to arrival at CMA or after leaving CMA.

Please return the Teen Membership form to Rachel at rrapoport@cmany.org.

Children's Museum of the Arts 103 Charlton Street, NY, NY 10014 www.cmany.org (212) 274-0986

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