Art Gallery of Guelph

MARCH BREAK CAMP 2019 REGISTRATION FORM

Please print clearly in blue or black ink and use one form per child

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S AGE
PARENT'S FIRST NAME	PARENT'S LAST NAME	CHILD'S DATE OF BIRTH
ADDRESS	CITY	PROVINCE
POSTAL CODE	EMAIL *(MANDATORY)*	
HOME PHONE NUMBER	PARENT'S WORK PHONE NUMBER	PARENT'S MOBILE NUMBER

ARE YOU AN AGG MEMBER? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT AGG'S MARCH BREAK CAMP?

- ☐ MONTHLY eNEWSLETTER
- ☐ NEWSPAPER/MAGAZINE ADVERTISEMENT
- ☐ SOCIAL MEDIA
- ☐ ONLINE ADVERTISMENT OR DIRECTORY
- ☐ REFERRAL
- ☐ OTHER *(PLEASE SPECIFY)*:

TOTAL SESSION FEE $ _____

PURCHASE A FAMILY MEMBERSHIP AND
RECEIVE 10% ON ALL CAMP REGISTRATIONS (ADD $60)

TOTAL PAYMENT**$ _____

(INCLUDING FAMILY MEMBERSHIP IF SELECTED)

PAYMENT OPTIONS

☐ CHEQUE *(PAYABLE TO ART GALLERY OF GUELPH. PLEASE ATTACH CHEQUE TO REGISTRATION FORM)*

☐ VISA ☐ MASTERCARD ☐ CASH *(DROP OFF)*

CREDIT CARD NUMBER _____ CREDIT CARD EXPIRY DATE _____

NAME ON CARD *(PLEASE PRINT)* _____ SIGNATURE _____

*FAMILY MEMBERSHIP MUST BE ACTIVE DURING YOUR CHILD'S SESSION TO RECEIVE MEMBERS' PRICING

CANCELLATION POLICY: IN ORDER TO WITHDRAW YOUR CHILD FROM A CAMP BEFORE THE STARTING DATE, PLEASE CONTACT AGG AT LEAST 21 DAYS BEFORE THE BEGINNING OF THE CAMP SESSION. REGISTRATIONS CANCELLED IN LESS THAN 21 DAYS PRIOR WILL BE ELIGIBLE FOR A 50% REFUND.

LOW ENROLLMENT CANCELLATION POLICY: AGG RESERVES THE RIGHT TO CANCEL ANY PROGRAM DUE TO LOW ENROLLMENT, UP TO ONE WEEK PRIOR TO THE START DATE.

MARCH BREAK CAMP 2019 PARENTAL CONSENT FORM

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I GIVE PERMISSION FOR _____ TO PARTICIPATE IN CAMP CREATE: MARCH BREAK CAMP 2019 AND **I ASSUME THE RISKS** THAT MAY ACCOMPANY SUCH PARTICIPATION.

I AGREE THAT ART GALLERY OF GUELPH, ITS OFFICIERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS SHALL NOT BE LIABLE FOR INJURY, LOSS, OR DAMAGE TO MY CHILD OR MY CHILD'S PROPERTY ARISING OR RESULTING FROM PARTICIPATION IN THE MARCH BREAK CAMP PROGRAM. I GIVE ART GALLERY OF GUELPH STAFF OFFICIALS THE AUTHORITY TO ACT ON MY BEHALF IN THE EVENT OF AN EMERGENCY.

I GIVE PERMISION FOR IMAGES OF MY CHILD AND HIS/HER ARTWORK TO APPEAR IN PROMOTIONAL MATERIALS SUPPORTING ART GALLERY OF GUELPH AND ITS ACTIVITIES. ☐ YES ☐ NO

I GIVE PERMISSION TO ART GALLERY OF GUELPH TO RELEASE MY CHILD INTO THE CUSTODY OF:

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

MEDICAL/HEALTH INFORMATION (THIS INFORMATION IS KEPT CONFIDENTIAL)

CHILD'S NAME _____ ONTARIO HEALTH CARD NUMBER _____

CHILD'S DOCTOR'S NAME _____ DOCTOR'S PHONE NUMBER _____

PLEASE CHECK **YES** OR **NO** AND PROVIDE FURTHER DETAILS, WHERE NECESSARY.

DOES YOUR CHILD HAVE ALLERGIES? ☐ **YES** ☐ **NO**

PLEASE SPECIFY: _____

IS YOUR CHILD TAKING ANY MEDICATION(S)? ☐ **YES** ☐ **NO**

PLEASE SPECIFY: _____

DOES YOUR CHILD CARRY AN EPI-PEN? ☐ **YES** ☐ **NO**

IS THERE ANY ADDITIONAL HEALTH, LEARNING, OR BEHAVIOURAL INFORMATION THAT IS IMPORTANT FOR AGG TO KNOW?

PLEASE SPECIFY: _____

EMERGENCY CONTACT INFORMATION (PARENT/GUARDIAN)

PRIMARY CONTACT NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

SECONDARY CONTACT NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

☐ YES, I WANT TO RECEIVE EMAILS FROM AGG ABOUT UPCOMING EXHIBITIONS, PROGRAMS, EVENTS AND SALES IN THE GALLERY SHOP (YOU CAN UNSUBSCRIBE FROM THESE EMAILS AT ANY TIME)