

SUMMER 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 SUMMER CAMP?

- | | |
|--|--|
| <input type="checkbox"/> MONTHLY eNEWSLETTER | <input type="checkbox"/> NEWSPAPER/MAGAZINE ADVERTISEMENT |
| <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> ONLINE ADVERTISEMENT OR DIRECTORY |
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |

I AM REGISTERING FOR (PLEASE CIRCLE ALL THAT APPLY):

WEEK NUMBER

1 2 3 4 5

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.

SUMMER CAMP 2019 PARENTAL CONSENT FORM

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I GIVE PERMISSION FOR _____ TO PARTICIPATE IN CAMP CREATE: SUMMER 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 SUMMER 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 PERMISSION 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

