

# SUMMER CAMP 2022 REGISTRATION FORM

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

Return registration forms with payment information to [info@artgalleryofguelph.ca](mailto:info@artgalleryofguelph.ca). Payments can also be made by cheque at the reception desk of the Art Gallery of Guelph. For more information, contact 519-837-0010, ext. 2.



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

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> WEEK 1 JULY 4 – 8    | THE WORKS (\$250)         |
| <input type="checkbox"/> WEEK 2 JULY 11 – 15  | COLOURICIOUS (\$250)      |
| <input type="checkbox"/> WEEK 3 JULY 18 – 22  | STRANGER THINGS (\$250)   |
| <input type="checkbox"/> WEEK 4 JULY 25 – 29  | D(IY)ESIGN WEEK (\$250)   |
| <input type="checkbox"/> WEEK 5 AUGUST 2 – 5  | COMIC-ALL (\$200; 4 DAYS) |
| <input type="checkbox"/> WEEK 6 AUGUST 8 – 12 | ART TREK (\$250)          |

TOTAL SESSION FEE \$ \_\_\_\_\_

PURCHASE A FAMILY MEMBERSHIP (\$60) AND RECEIVE A 10% DISCOUNT ON ALL CAMP REGISTRATIONS (\$225 FOR 5 DAY WEEK; \$180 FOR 4 DAY WEEK) AS WELL AS GALLERY SHOP PURCHASES (EXCLUDING ART SALES & RENTAL)\*\*

TOTAL COST \$ \_\_\_\_\_

Please include \$60 and reduced registration fees if purchasing family membership

# SUMMER CAMP 2022 PARENTAL CONSENT FORM

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

I GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN CAMP CREATE: SUMMER CAMP 2022 AND I ASSUME THE RISKS THAT MAY ACCOMPANY SUCH PARTICIPATION.

I AGREE THAT ART GALLERY OF GUELPH, ITS OFFICERS, 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 CONFIRM THAT I WILL USE SCREENING TOOLS AND GUIDELINES REQUIRED BY WELLINGTON-DUFFERIN-GUELPH PUBLIC HEALTH AND THE PROVINCE OF ONTARIO TO ASSESS WHETHER MY CHILD ATTENDS CAMP EACH DAY. AGG WILL RELEASE OUR 2022 HEALTH AND SAFETY POLICY AT THE END OF MAY 2022 TO ENSURE IT IS AS CURRENT AS POSSIBLE FOR THE SUMMER. WE ANTICIPATE CAMPERS WILL NEED TO ADHERE TO POLICIES AND MANDATES SET BY THE UNIVERSITY OF GUELPH AND PUBLIC HEALTH.

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

## 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)

**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.**