

# MARCH BREAK CAMP 2023 REGISTRATION FORM

Please complete 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)

MAIN PHONE NUMBER

PARENT'S WORK PHONE NUMBER

ALTERNATE PHONE NUMBER

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

MONTHLY E-NEWSLETTER

NEWSPAPER/MAGAZINE ADVERTISEMENT

SOCIAL MEDIA

ONLINE ADVERTISEMENT OR DIRECTORY

REFERRAL

OTHER (PLEASE SPECIFY):

ARE YOU AN AGG MEMBER?

YES

NO

PURCHASE A FAMILY MEMBERSHIP (\$60) AND RECEIVE A 10% DISCOUNT ON ALL CAMP REGISTRATIONS AND GALLERY SHOP PURCHASES (EXCLUDING ART SALES & RENTAL)\*\*

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

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

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)

# MARCH BREAK CAMP 2023 PARENTAL CONSENT FORM

## 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

## PICK-UP INFORMATION

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

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE NUMBER

I GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN CAMP CREATE: MARCH BREAK CAMP 2023 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 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 CONFIRM THAT I WILL USE SCREENING TOOLS AND GUIDELINES REQUIRED BY WELLINGTON-DUFFERIN-GUELPH PUBLIC HEALTH AND THE PROVINCE OF ONTARIO ON A DAILY BASIS TO ASSESS WHETHER MY CHILD IS ABLE TO ATTEND CAMP EACH DAY. FOR UP TO DATE INFORMATION ON AGG'S HEALTH AND SAFETY POLICIES, PLEASE VISIT OUR WEBSITE AT <https://artgalleryofguelph.ca/about/>.

**I GIVE PERMISSION FOR IMAGES OF MY CHILD AND THEIR ARTWORK TO APPEAR IN PROMOTIONAL MATERIALS SUPPORTING ART GALLERY OF GUELPH AND ITS ACTIVITIES.**

YES       NO

**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. CANCELLATIONS WILL BE SUBJECT TO A \$25 CANCELLATION FEE. 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 TWO WEEKS PRIOR TO THE START DATE.**