## **Youth Summer Studio 2023 Registration Form A Week Exploring Art in the Community**

Please complete one form per participant

Participant's Name



Participant Information:		
First Name	Last Name	Date of Birth
Participant's Pronouns (optional)	Phone Number	Email
Guardian Information		
First Name	Last Name	
Address	City	Province
Postal Code	Email (Mandatory)	
Main Phone Number	Work Phone Number	Alternate Phone Number
I am registering for:		
☐ Youth Summer Studio   A W	eek Exploring Art in the Comm	unity
August 21 – 25   9:30am – 1	2pm (\$80)	
I understand and acknowledge that	this program will happen at diff	erent locations within Downtown Guelph or
		ghout the week. Participants and Guardians
are responsible for transportation to	these locations.	
Please Initial:		
Total Cost \$		
Youth Summer Studio 202 Medical/Health Information (This in		

Ontario Health Card Number

Participant's Doctor's Name			
•	Doctor's Phone Number		
Please check Yes or No and provide furthe	er details where necessary.		
Does the participant have allergies?	Yes	☐ No	
Please specify:			
s the participant taking any medication(s	) we should be aware of?	Yes 🗌	No 🗌
Please specify:			
Does the participant carry an Epi-pen?	Yes No	o 🗌	
s there other health information that wo	uld help us support a positive	experience for your ch	nild AGG?
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		
Pickup Information			
I give permission for the participa	nt to sign themselves out at th	ne end of the day.	
I give permission to Art Gallery of	Guelph to release my child int	to the custody of:	
Name	Relationship	Phone N	umber
Name	Relationship	Phone N	umber
give permission for		o participate in <b>Youth</b>	
A Week Exploring Art in the Community	and <b>I assume the risks</b> that ma	ay accompany this par	ticipation.

Summer Studio. 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 follow current health and safety guidelines required by Wellington-Dufferin-Guelph Public Health and the Province of Ontario on a daily basis to assess whether my child attends the program each day. For AGG's Health and Safety Policies, please visit our website at <a href="https://artgalleryofguelph.ca/about/">https://artgalleryofguelph.ca/about/</a>.

I give permission for images of the partic supporting Art Gallery of Guelph and its	cipant and his/her/their artwork to appear in promotional material activities.	
Yes No		
How did you hear about AGG's Youth Sur	nmer Studio?	
Monthly eNewsletter	Newspaper/Magazine Advertisement	
Social Media	Online Advertisement or Directory	
Referral	Other (Please Specify):	
	m AGG about upcoming exhibitions, programs, events and sales in scribe from these emails at any time).	
Payment Options		
Cheque (Payable to Art Gallery o	of Guelph. Please attach cheque to registration form)	
☐ VISA ☐ MASTERCARD	Cash (drop off with registration form)	
Credit Card Number	Credit Card Expiry Date	
Name on Card ( <i>Please Print</i> )	Signature	

Cancellation policy: In order to withdraw from the program before the starting date, please contact AGG at least 21 days before the beginning of the program session. Cancellations will be subject to a \$25 Cancellation Fee. Registrations cancelled 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.