

Youth Summer Studio 2023 Registration Form

A Week Exploring Art in the Community



Please complete one form per participant

Participant Information:

First Name	Last Name	Date of Birth
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Participant's Pronouns (optional)	Phone Number	Email
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Guardian Information

First Name	Last Name
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Address	City	Province
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Postal Code	Email (Mandatory)
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Main Phone Number	Work Phone Number	Alternate Phone Number
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I am registering for:

Youth Summer Studio | A Week Exploring Art in the Community

August 21 – 25 | 9:30am – 12pm (\$80)

I understand and acknowledge that this program will happen at different locations within Downtown Guelph or at the Art Gallery of Guelph and University of Guelph campus throughout the week. Participants and Guardians are responsible for transportation to these locations.

Please Initial: **Yes** **No**

Total Cost \$ _____

Youth Summer Studio 2023 Guardian Consent Form

Medical/Health Information (This information is kept confidential)

Participant's Name	Ontario Health Card Number
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Participant's Doctor's Name _____ Doctor's Phone Number _____

Please check Yes or No and provide further details where necessary.

Does the participant have allergies? Yes No

Please specify: _____

Is the participant taking any medication(s) we should be aware of? Yes No

Please specify: _____

Does the participant carry an Epi-pen? Yes No

Is there other health information that would help us support a positive experience for your child AGG?

Please specify: _____

Emergency Contact Information (Parent/Guardian)

Primary Contact Name	Relationship	Phone Number
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Secondary Contact Name	Relationship	Phone Number
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Signature of Parent or Guardian	Date
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Pickup Information

I give permission for the participant to sign themselves out at the end of the day.

I give permission to Art Gallery of Guelph to release my child into the custody of:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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I give permission for _____ to participate in **Youth Summer Studio: A Week Exploring Art in the Community** and **I assume the risks** that may accompany this 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 Youth 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 <https://artgalleryofguelph.ca/about/>.

I give permission for images of the participant and his/her/their artwork to appear in promotional materials supporting Art Gallery of Guelph and its activities.

Yes No

How did you hear about AGG's Youth Summer Studio?

- Monthly eNewsletter Newspaper/Magazine Advertisement
 Social Media Online Advertisement or Directory
 Referral Other *(Please Specify)*: _____

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 with registration form)*

Credit Card Number _____
Credit Card Expiry Date

Name on Card *(Please Print)* _____
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.