## **March Break Camp 2024 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 ( <i>Mandatory</i> )	
Main Phone Number	Parent's Work Phone Number	Alternate Phone Numbe
	Camp Create? Newspaper/Magazine Advertisemen Online Advertisement or Directory	t
	Other (Please Specify):	
I am registering for: March Break Camp Co	reate March 11 - 15, 2024 <b>(\$280)</b>	
camp registrations	☐ No  Membership (\$60) and receive a 10% (\$252 for March Break Camp Create cluding art sales & rental)**	
Total Cost \$		

Please include \$60 and reduced registration fees if purchasing family membership (Total: \$312)

## March Break Camp 2024 Parental Consent Form

**Medical/Health Information (This information is kept confidential)** 

Child's Name	Ontario Health C	Ontario Health Card Number		
Child's Doctor's Name		Doctor's Phone Number		
Please check Yes or No and provide furthe	r details where neces	ssary.		
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 experience for your child?	behavioural informa	ation that can help AGG support a positive camp		
Please specify:				
Emergency Contact Information (Parent/	Guardian)			
Primary Contact Name	Relationship	Relationship Phone Number		
Secondary Contact Name	Relationship	Phone Number		
Signature of Parent or Guardian	Date			
Pickup Information				
I give permission to Art Gallery of Guelph	to release my child in	nto the custody of:		
Name	Relationship	Phone Number		
Name		Phone Number		
I give permission for Camp 2024 and I assume the risks that ma	to participate in March Break			

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 on a daily basis to assess whether my child attends camp each day. For up-to-date information on the 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 my child and his/her/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 Gu	elph. Please attach cheque to registration	form)		
☐ VISA ☐ MASTERCARD ☐	Cash (drop off)			
Credit Card Number	Credit Card Expiry Date	Credit Card CVV		
Name on Card ( <i>Please Print</i> )	Signature			
** Family membership must be active during your	child's session to receive member's 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 21 prior to the start date.