

Summer Camp 2025 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

I am registering for:

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Week 1 July 7 – 11 | Full Meal Deal (\$300) |
| <input type="checkbox"/> Week 2 July 14 – 18 | Snap, Crackle, POP! (\$300) |
| <input type="checkbox"/> Week 3 July 21 – 25 | Arty Architecture (\$300) |
| <input type="checkbox"/> Week 4 July 28 – August 1 | Animation Station (\$300) |
| <input type="checkbox"/> Week 5 August 5 – 8 | Glow Up (\$240, 4-day week) |
| <input type="checkbox"/> Week 6 August 11 – 15 | The G.O.A.T. (\$300) |
| <input type="checkbox"/> Week 7 August 18 – 22 | D(IY)esign (\$300) |

Total Cost \$ _____

Summer Camp 2025 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 can help AGG support a positive camp experience for your child?

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 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: Summer Camp 2025 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 summer camp program. I give Art Gallery of Guelph staff officials the authority to act on my behalf in the event of an emergency.

If required by Wellington-Dufferin-Guelph Public Health and the Province of Ontario, I confirm that I will use screening tools and guidelines on a daily basis to assess whether my child attends camp each day. If there are updates to AGG's Health and Safety protocols, you will find them posted on our website here: <https://artgalleryofguelph.ca/about/>.

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

How did you hear about AGG's Summer Camp?

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)

Credit Card Number Credit Card Expiry Date CVV

Name on Card (Please Print) Signature

**** 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.