

2017 Registration Form AGW Camp Programs

Please complete this document and return as soon as possible.

You may return via email at education@agw.ca Thank you!

Program Name _____ Course Fee _____

Registrant Name _____

Age _____ Male Female Health Card Number _____

Parent/Guardian Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (home) _____ (work) _____ (mobile) _____

Add your name to our e-mail list for education programs or forward your contact information to email@agw.ca to receive up-to-date information about Gallery events, activities, and programs.

E-mail _____

Would you like to be on a mailing list? Yes No Signature _____

PARENTAL CONSENT

Emergency contact _____ Phone _____

Relation to registrant _____

Does the registrant have special needs? Please explain _____

Does the registrant have any allergies? Please explain _____

In consideration of being allowed to participate in the AGW Camp Program (s), I, as legal parent/guardian of

_____, hereby:

- a. Give permission for him/her to leave the premises of the Art Gallery of Windsor during activities related to AGW Camp Programs, its lunch period and break times;
- b. Understand that the Art Gallery of Windsor will provide supervision for the day camp participants during these activities;
- d. Give permission to photograph/videotape my child for the Art Gallery of Windsor promotional purposes while participating in studio events;
- e. Agree to release and hold harmless and indemnify the Art Gallery of Windsor, its directors, officers, employees, servants, agents, and volunteers from all claims, actions, or damages without any limitation whatsoever, whether consisting of loss, personal injury or property damage that does or may result from participation in activities related to the Art Gallery of Windsor Camp Program(s).
- f. I understand that camp hours are between 8:30 AM – 4:30 PM. **Late pick-ups are charged \$5.00 per half hour.** I understand that it is my responsibility to arrange for late pick-up requirements not later than 5:00PM due to gallery hours of operation.

Signature of parent or guardian (for registrants under 18 years) _____ Date _____

By signing this document you have read, understood and agree to the terms and conditions represented herein.



Payment Options

- Cash
- Cheque
- Credit Card: VISA ___ MC ___ AMEX ___

Name _____

CC # _____

Expires _____