



# Registration Form for Children's Art Classes

Camp Name \_\_\_\_\_ Course Fee \_\_\_\_\_

Registrant's Name \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Work/ Cell Phone \_\_\_\_\_

Would you like to be added to our email list and be updated about future programs? Yes No

Email \_\_\_\_\_

Payment: Cash \_\_\_\_\_ Cheque \_\_\_\_\_

*\*Please make cheque out to The Gibson Gallery*

## PARENTAL CONSENT

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Registrant \_\_\_\_\_

Does the registrant have any special needs or health concerns? If so, please explain:

\_\_\_\_\_

Does the registrant have any allergies that the instructors should be aware of?

\_\_\_\_\_

**In consideration of being allowed to participate in The Gibson Gallery Summer Camps, I, as a legal parent/ guardian of \_\_\_\_\_, hereby:**

- a. Give permission to photography/ record of my child for Gibson Gallery promotional purposes while participating in events.
- b. Agree to release and hold harmless the Gibson Gallery, it's directors, officers, employees, servants, agents and volunteers of all claim, actions, or damages without any limitations whatsoever, whether consisting of loss, personal injury, or property damage that does or may result from participation in activities related to the Gibson Gallery Summer Camps.

\_\_\_\_\_

Signature of Parent/ Guardian

\_\_\_\_\_

Date