



Registration Form Summer Camp 2010 *Vital Africa*

Please complete all 7 sections of this form and return immediately, via fax 905-577-6940 or mail to Art Gallery of Hamilton, 123 King St. West, Hamilton L8P 4S8. Forms and payment must be received by July 6 to ensure your child's place in the camp.

1. Programme Selection: Please check the programmes your child will participate in:

Week 1: July 19th to 23rd

Junior (age 5–6) Intermediate (age 7-9) Senior (age 10+)

Week 2: July 26th to 30th

Junior (age 5–6) Intermediate (age 7-9) Senior (age 10+)

** If minimum registration is not met, registrants in that class will be transferred into the next closest age group. Please indicate if your child is attending with a friend so they are not separated.*

2. Registration & Health Information

Child's Name: _____ Age: _____

Health Card Number: _____

Parent/Guardian Name: _____

Address: _____ City & Postal Code: _____

Telephone: _____

Email Address: _____

Emergency Contact: _____ Telephone: _____

Please list any special health concerns that the AGH staff should be aware of (e.g. allergies, asthma, medications, etc.): _____

3. Children's Pick-up Information:

Please indicate how your child will leave at the end of the program. **Please note that all children under the age of 10 MUST be picked up by a parent, guardian or adult who has been given permission.*

- Will be picked up by parent or guardian
- Will be picked up by another registrant's parent or family member or individual

Name(s): _____ Telephone: _____

Will leave by him/herself, if you check this box, please sign the indicated section.

Signature: _____ **Date:** _____

4. Extended Supervision: Yes No

Please indicate pick-up time: _____. *Extended care fee of \$5.00 per day per child or \$25.00 per week per child to be paid at time of registration.

5. Permission to Photograph: Yes No

From time to time, the AGH requires photographs of children engaged in our programming for the purpose of either promoting future programs or providing AGH program information to grantors and/or sponsors. The identity of the child is never provided and the AGH maintains the exclusive right to photographic documentation.

I, _____, agree that my child, _____, may be photographed for the above stated purposes.

Signature: _____ **Date:** _____

6. Permission to Travel Off-site: Yes No

During Summer Camp, children will have the opportunity to travel off site to the locations listed below, during their camp activities and break times. Classes will be fully supervised at all times while off site, by Artist-Instructors, Counselors and volunteer assistants. The AGH requires this permission section to be signed and dated if the child is to attend the off site trips.

- Central School Playground** - 75 Hunter St. W
- City Hall – lawn and gardens** - Main Street, across from AGH
- Plaza Level – Hamilton Place / AGH and Jackson Square** (Rooftop area)
- The Print Studio** - 173 James St. N.
- Whitehern Historic Site** - 41 Jackson St. W

I, _____, agree that my child, _____, may travel off of the AGH property, or by walking for the above stated purposes.

Signature: _____ **Date:** _____

7. Programme Fees & Method of Payment:

One Week:

- AGH Members: \$150.00
- Non-Members: \$175.00

Two Weeks:

- AGH Members: \$275.00
- Non-Members: \$325.00

Total Cost: _____

Visa: Card # _____ Exp. Date _____

Mastercard: Card # _____ Exp. Date _____

Cheque (payable to the 'Art Gallery of Hamilton')

Cash (please do not send cash in the mail)

By signing this form, you indicate agreement to and awareness of all of the information and conditions stated above. All information collected will remain confidential. Forms will be destroyed at the end of the programme.

*Help us inform you better! **Where did you first learn about this AGH Camp?**