



Art Gallery of Hamilton
engage your imagination

SUMMER CAMP 2017 REGISTRATION

Please complete and return, via email (education@artgalleryofhamilton.com) or mail (123 King St. West, Hamilton L8P 4S8).

For info call 905-527-6610 ext. 254 or education@artgalleryofhamilton.com

1. PARTICIPANT INFORMATION

Child's Name:	Birth (yyyy/mm/dd):	Age:
Child resides with:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	City:	Postal:
Parent/Guardian #1:	Day Phone:	
Email:	Other Phone:	
Parent/Guardian #1:	Day Phone:	
Email:	Other Phone:	

Other than above, the following individuals are authorized to pick up my child in my absence (photo ID will be requested):

Name	Phone	Relationship

☐ YES ☐ NO I give permission for my child to leave by him/herself (*All children under the age of 10 MUST be picked up by a parent, guardian or adult who has been given permission*).

2. ART GALLERY OF HAMILTON MEMBERSHIP

AGH Members receive discounts on programs including Camp! Members also receive free admission to the Gallery and a 10% discount in the *Shop at AGH and Horse and Train Bistro*. An AGH Family Membership allows two adults and up to four children to share in Membership benefits.

Primary Cardholder:	
Secondary Cardholder:	
Signature:	
Individual Membership \$55	
Family Membership \$90 Camp Special \$70	
I'm already an AGH Member!	#

3. PROGRAM SELECTION

FEES

FEES: Early Bird— register by May 31 AGH Members: \$175 / week Non-members: \$200 / week FEES: After May 31 AGH Members: \$195 / week Non-members: \$220 / week Classes divided based on enrollment	<input type="checkbox"/> Week 1 – July 17 to 21 – Artist's Studio	
	<input type="checkbox"/> Week 2 – July 24 to 28 – Creative Expressions	
	<input type="checkbox"/> Week 3 – August 14 to 18 – My Place in the World	
	<input type="checkbox"/> Week 4 – August 21 to 25 – Art Adventures	
	<input type="checkbox"/> Art Express (13+) July 10 to 14	
Aftercare (\$8/day): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
TOTAL (including above Membership)		
My Child is attending with a friend (cannot guarantee placement):		

4. PAYMENT INFORMATION

<input type="checkbox"/> Cash (do not mail cash)	<input type="checkbox"/> Cheque (payable to the Art Gallery of Hamilton)	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	Card Number:	Expiry
Cardholder:	Signature:	

5. HEALTH INFORMATION

Child's Name:	
Are your child's immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please elaborate:	
Does your child have any health or behavioral issues we should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please elaborate:	
Does your child have an allergy? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify what allergy, the severity, and best method of treatment (attach a separate sheet if necessary).	
Does your child carry an epipen or allergy medication? <input type="checkbox"/> NO <input type="checkbox"/> YES, where:	
Is your child on any medication? <input type="checkbox"/> YES <input type="checkbox"/> NO If your child requires medication of any kind (prescription or non-prescription, including inhalers) while at camp, please complete a Medical Administration Form on the first day of camp.	
Can the following be administered to your child:	
Insect Repellent <input type="checkbox"/> YES	Antibiotic Cream <input type="checkbox"/> YES
Sting Swabs <input type="checkbox"/> YES	Sunscreen <input type="checkbox"/> YES
Calamine Lotion <input type="checkbox"/> YES	
Emergency Contact (if parents/guardians cannot be reached):	
Phone:	Relationship:

Authorization and Release:

☐ YES ☐ NO If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and/or emergency contacts.

6. CONSENT

☐ YES ☐ NO **Permission to travel offsite**

I give permission for my child to travel off site during their camp activities and break times. Classes will be fully supervised at all times while off site, by Artist-Instructors, and volunteer assistants. Locations are within walking distance of the AGH and include:

- AGH Design Annex, 118 James St. North
- Central School Playground, 75 Hunter St. W
- City Hall lawn and gardens, Main St.
- Plaza Level, Hamilton Place / AGH and Jackson Square (Rooftop area)
- Whitehern Historic Site, 41 Jackson St. W

☐ YES ☐ NO **Permission to Photograph**

I give the Art Gallery of Hamilton to photograph and/or videotape my child for promotional and reporting purposes. The identity of my child will not be released and the AGH maintains the exclusive right to all photographs.

Privacy:

☐ YES ☐ NO **Permission to add you to our email contact list for upcoming Children's Programming**

The Art Gallery of Hamilton is aware of the importance of protecting the privacy of its patrons and members. Although we do use e-mail addresses collected for marketing purposes, be assured that the AGH does not sell, rent or trade its lists to others for any purpose.

Consent:

☐ I/We agree that the Art Gallery of Hamilton, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Art Gallery of Hamilton Children's Programming activities. I further certify that the registrant is covered by OHIP and/or private health insurance.

Parent/Guardian Signature:	Date:
----------------------------	-------