

## P.A. DAY AND HOLIDAY 2017/2018 REGISTRATION

Please complete and return, email ([education@artgalleryofhamilton.com](mailto:education@artgalleryofhamilton.com)),  
mail (123 King St. West, Hamilton L8P 4S8), or in person during Gallery Hours.  
For info call 905-527-6610 ext. 254.

### 1. PARTICIPANT INFORMATION

Child's Name:	Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child resides with:			
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	
I'm already an AGH Member!	#

### 3. PROGRAM SELECTION (P=Public Board | C=Catholic Board)

	FEES		FEES
<input type="checkbox"/> September 22 <input type="checkbox"/> Aftercare		<input type="checkbox"/> January 5 (Holiday) <input type="checkbox"/> Aftercare	
<input type="checkbox"/> November 3 <input type="checkbox"/> Aftercare		<input type="checkbox"/> January 26 <input type="checkbox"/> Aftercare	
<input type="checkbox"/> December 1 <input type="checkbox"/> Aftercare		<input type="checkbox"/> March 2 <input type="checkbox"/> Aftercare	
<input type="checkbox"/> January 2 (Holiday) <input type="checkbox"/> Aftercare		<input type="checkbox"/> June 7 <input type="checkbox"/> Aftercare	
<input type="checkbox"/> January 3 (Holiday) <input type="checkbox"/> Aftercare		<input type="checkbox"/> June 8 <input type="checkbox"/> Aftercare	
<input type="checkbox"/> January 4 (Holiday) <input type="checkbox"/> Aftercare		<input type="checkbox"/> June 22 <input type="checkbox"/> Aftercare	
AGH Members \$40/day   Non-Members \$45/day Aftercare: (4:15 to 5:30): \$8/day <b>TOTAL (with memb):</b>			

### 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 <input type="checkbox"/> NO      Antibiotic Cream <input type="checkbox"/> YES <input type="checkbox"/> NO      Calamine Lotion <input type="checkbox"/> YES <input type="checkbox"/> NO Sting Swabs <input type="checkbox"/> YES <input type="checkbox"/> NO      Sunscreen <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 Childrens' Programming activities. I further certify that the registrant is covered by OHIP and/or private health insurance.

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