



Art Gallery of Hamilton

YOUTH COUNCIL REGISTRATION

Please complete and return by email youth@artgalleryofhamilton.com; by mail 123 King St. West, Hamilton L8P 4S8; or in person during Gallery Hours. For info call 905-527-6610 ext. 254.

MEMBER INFORMATION

Name	Age*
Phone	Email
Address	City
School	Postal Code

EMERGENCY INFORMATION

Medical conditions, allergies, or physical limitations:	
Emergency Contact:	
Relationship:	Phone:

**If you are under 18 years of age, a parental consent form must be signed in order to participate.*

EXPERIENCE

Why are you interested in joining in the AGH Youth Council?
What types of programs for youth would you like to participate in with the AGH Youth Council?
What are some of your hobbies and/or personal interests?

PARENTAL/GUARDIAN CONSENT (*required if under the age of 18)

Applicant	Parent/Guardian
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I, as the parent or legal guardian of the applicant, give my consent for the applicant to participate in the AGH Youth Council.

Signature	Date
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I, as the parent or legal guardian of the applicant, give my consent for the applicant to participate in the AGH Youth Council **offsite events** including but not limited to AGH Annex, Artist Studio Visits, Art Galleries, and other Arts related venues.

Signature	Date
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