

Children's ART STUDIO INC.

Camp Registration Form

45 Benson Avenue, Toronto ON M6G 4C6
647 808 8590
HST: 827778648RT0001

COMPLETE FORM IN FULL. INCOMPLETE FORMS WILL NOT BE ACCEPTED. SUBMIT ORIGINAL FORM. PHOTOGRAPHS OF FORM WILL NOT BE ACCEPTED.

Child's Name: _____ Age : _____ D.O.B.: _____

Ohip #: _____ Parent/Guardian Name: _____

Email: _____ Address: _____

Home Phone: _____ Cell or Work: _____

1 emergency contact _____ Phone: _____

2 emergency contact _____ Phone: _____

Program: _____ Program Time: _____ Start Date: _____ End date: _____

Fee: _____ HST: _____ Amount paid: _____

Method of payment: cash ___ cheque ___ e-transfer ___ How did you hear about us? _____

Does your child have any allergies or medical concerns? _____

Does your child have any behavioural concerns? _____

If yes please explain: _____

Did you submit a Health Release Form? Yes ___ No ___

Note: Classes are not transferrable to another student. Please make cheques payable to Children's Art Studio Inc. Parents/caregivers must read and understand our bully free zone before the session start date. Camps are not transferrable to another student. There are NO REFUNDS. Nuts, Seeds and Fish are prohibited from camp.

Parental / Guardian Permission, Waiver and Release

FOR GOOD AND VALUABLE CONSIDERATION RECEIVED:

I/we give permission for my child to participate in programs facilitated by the Children's Art Studio Inc./Teaching Artists/Lynn Jackson at above listed camp location.

I/we give permission for my child to be accompanied by Children's Art Studio Inc.'s staff to the bathroom that is located in the main building of the Artscape Wychwood Barns, and Artscape Youngplace.

I/we give permission for my child to play in the playground that is directly outside the studio doors of Children's Art Studio Inc./Lynn Jackson's studio at Artscape Wychwood Barns and at Trinity Bellwoods Park.

I/we give permission for Children's Art Studio Inc., Lynn Jackson, or staff of Children's Art Studio Inc. to take whatever steps are reasonably necessary to obtain emergency medical care, if required. Any expenses incurred in carrying out these steps will be borne by the child's family.

I/we give permission for free use of my child's name, picture and likeness in pictures, video, publications and other promotional materials, connected with Children's Art Studio Inc.

Your child WILL NOT be permitted to be picked up by anyone else, other than a parent, without written consent as well as telephone confirmation with Children's Art Studio Inc./Lynn Jackson.

Children's Art Studio Inc./Lynn Jackson is not responsible for anything that may happen as a result of false information given on this form.

I/we the undersigned irrevocably agree, and do hereby release Children's Art Studio Inc./Lynn Jackson, her heirs, assigns and all associated persons from liability and all claim for damages regarding any incident or injury sustained by my child in yoga/workshop/studio/art and playground related activities.

I grant permission for my child to participate in these activities and will not make claim against, sue or attach the property of Children's Art Studio Inc./Lynn Jackson in any respect.

I/we will add your email address to our mailing list. You will have the option to unsubscribe.

Name: _____ Relationship to child: _____

Signature: _____ • (seal) Date: _____