

# 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.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell : \_\_\_\_\_ Work: \_\_\_\_\_

# 1 emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

# 2 emergency contact \_\_\_\_\_ Phone: \_\_\_\_\_

Program: \_\_\_\_\_ Camp location: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Fee: \_\_\_\_\_ Method of payment: cash \_\_\_ cheque \_\_\_ e-transfer \_\_\_

How did you hear about Children's Art Studio Inc.? \_\_\_\_\_

Are there any allergies or medical concerns regarding your child that we need to be aware of? \_\_\_\_\_

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.

Health forms are required for children with serious health issues and allergies.

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: \_\_\_\_\_