Summer Camp 2023 Viva Vida Art Gallery www.vivavidaartgallery.com **REGISTRATION FORM** PARTICIPANT INFORMATION Please type or print legibly. Last Name: ______ Age_____ First Name: ______Age_____ Gender: 🗆 F 🗆 M Address: City: _____ Province: _____ Postal Code: ______ Country: ______ Telephone: ______ Email: ______ Parents/Guardians Name: _____ Camp Sessions □ Session 1 - June 26 - Viva la Viva in ART □ Session 5 - July 24 - Wonderful Women in Art □ Session 2 - July 3 - Warhol, Picasso, Monet, Oh My! □ Session 6 - July 31 - Amazing Race: Art World Explored □ Session 3 - July 10 - Rhythm and Hues □ Session 7 - August 7 - Sculpting Up a Storm Session 4 - July 17 - Loony Toony Cartoony □ Session 8 - August 14 - Draw, Draft and Design □ TEEN Session 4 - July 17 - Graphic Graffiti □ TEEN Session 8 - August 14 - Drawing for Teens □ Session 9 - August 21 - Recycle, Upcycle, Create *Teen Camp Options are for ages 13+ **Camp Fees and Payment Methods** *\$329 - Full 5 Days Hours: 9am - 4pm Registration Fee: *\$100 - Full day Hours: 9am - 4pm \square M \square T \square W \square Th \square F (waiting list) *\$75 - 1/2 day Morning 9 – 12pm \square M \square T \square W \square Th \square F (waiting list) Afternoon 1 - 4 pm $\square \text{ M} \square \text{ T} \square \text{ W} \square \text{ Th} \square \text{ F}$ (waiting list)

(Please specify days and times below)

Extended care 8:00 am to 6 pm

□ M____ □ T____ □ W____ □ Th ____ □ F ____

* All prices subject to applicable taxes.

*\$15 a day

SUBTOTAL \$	(plus applicable taxes) TOTAL PAID \$				
Payment Type	Check	VISA	□MasterCard	Cash	Paypal
Invoice #	Date:	F	Paid \$	Cheque#	

After May 15, 2022, registration fees are non-refundable. No refunds will be made for no-shows. Substitutions are permitted with advance notice. A returned cheque fee of \$25 will be charged for all returned cheques.

Occasionally, Viva Vida Art Gallery photographs and/or videotapes during Fine Arts Programs. Photos and videos are used for promotional purposes. I consent to and authorize Viva Vida Art Gallery to take photographs in film, digital or print form of my child to be used for the purpose of promoting Viva Vida Art Gallery and Art Centre without compensation to me.

Signature: ___

Registration Questions, contact: 514-694-1110 or by e-mail: <u>Info@vivavidaartgallery.com</u> Drop off or mail Registration Form to: Viva Vida Art Gallery, 278 Lakeshore road, # 2, Pointe Claire, H9S 4K9 or E-mail to <u>info@vivavidaartgallery.com</u>.

Viva Vida Art Gallery Field Trip Form and Emergency Contact and Medical Information for a Child

		M F		
Child's Name	Date of Birth	Sex		
Parent's/Guardian's Name	Parent's/Guardian's Name			
Home Phone Work Phone	Home Phone Work Phone	;		
Address	Address			
City, Province Postal code	City, Province Postal code			
Altern	ative Emergency Contacts			
Primary Emergency Contact	Secondary Emergency Contact			
Home Phone Work Phone	Home Phone Work Phone	;		
Address	Address			
City, Province Postal code	City, Province Postal code			
	Medical Information			
Hospital/Clinic Preference				
Physician's Name	Phone Number			
Medicare Number	Expiry date	Expiry date		
Allergies/Special Health Considerations				

The undersigned hereby agrees that, in the event that I or my spouse or parent/guardian cannot be contacted within a reasonable period of time, the person in charge be appointed to authorise the admission to hospital, if deemed necessary by a medical doctor and the emergency medical treatment recommended by a medical doctor be given to the above named student while participating in events related to Viva Vida Art Gallery and Viva Vida Art Centre.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Viva Vida Art Gallery and individuals from liability in case of accidents during activities related to Viva Vida Art Gallery, as long as normal safety procedures have been taken.