

Program, Class/Camp History

Class/Camp

Dates

EMERGENCY CONTACTS	

Name	Phone

Name	Phone

Participant Information:			

Street Address	P.O. Box	City	Postal Code

Home Phone #	Cell #	e-mail address	

Age (if under 18)	Parent's Name(s)		

Birth Date	Health Card #		

CONFIDENTIAL: Please state all conditions of which the Arts Centre should be made aware of in case of emergency and/or for proper care. This ensures a safe program environment for each participant. All information will be kept strictly confidential – please be specific.

Medical: (ie. Allergy to peanut butter, bee stings, heart condition, etc.)

Behavioral: (ie. ADHD, ADD, Autism, severe shyness, etc.) Please note: If your child has been recognized to require one-on-one assistance, this **must** be disclosed in advance and it is the guardians' responsibility to provide this assistance if the child is accepted into the GAC classes.

State **ALL** Medications: (**Not Optional**) _____

OPTIONAL SIGNATURE - PHOTOGRAPHS/IMAGES WAIVER: The Georgina Arts Centre & Gallery is very excited about the unusual and innovative nature of the children's programming. We would like to post some pictures of our students working on their different artworks on our website, in our newsletter, and occasionally in the media (newspaper/television). If your child is interested in appearing we must have your permission. We never disclose any personal information about the students who appear (such as their full names, or addresses) but may occasionally use their first names and age when it is a portrait picture with the student showing off their work. (Example: Jenny, age 7). **If you give permission for your child to participate, please complete the following:**

Signature *Date*

