

# Art Camp Registration Form

Registration with payment on a first-come basis.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent (Guardian): \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about this course? \_\_\_\_\_

**FEE:**  Non-member: **\$250** per child  
 Member: **\$225** per child for Parents or Guardians who have a current Family Membership

Payment made by:  Cash  Cheque payable to The Lindsay Gallery  Visa or MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ Month \_\_\_\_ Year

## TERMS AND CONDITIONS

**Cancellation and Refund Policy:** If the Summer Camp is cancelled by the Lindsay Gallery due to insufficient enrolment or for other unforeseen circumstances, a full refund will be issued. If notification of withdrawal by a camper is received at least one week in advance of the Summer Camp, the registration fee, less a \$15 administration fee, will be refunded. No refunds of registration fees after July 5.

**Allergen Policy:** The Lindsay Gallery advises all parents and guardians that they register children suffering from allergenic medical conditions, documented or otherwise, in art classes at their own risk. The Lindsay Gallery, its employees, instructors and volunteers make no representations and will accept no liability regarding the presence or absence of all allergens at facilities where art programs take place.

**Medications Policy:** No Lindsay Gallery staff member, instructor or volunteer shall administer medication of any kind to a child. If a child has an allergy or medical condition that may require a quick response with medication or first aid, the parent, or another responsible adult who is not a Gallery Member and who has the parent's written permission, is welcome to stay in the child's class (as an observer only) in the event of that child's need for medical assistance.

**No Violence Policy:** An offending child will be removed from the camp immediately, and no refunds will be issued for the remaining portion of the registration fee.

**The Emergency Contact Information and Waiver Form**  
must be completed and signed by the parent or guardian before the Camp Week begins.

I understand and accept the above Terms and Conditions: \_\_\_\_\_  
Signature of Parent or Guardian

I have read the above Terms and Conditions to the parent or guardian registering by telephone, and s/he has agreed that s/he understands and accepts them. A copy of this registration form will be attached to the credit card voucher.

Registration and Payment received by \_\_\_\_\_  
Administrator or Volunteer Docent's Name