

# Summer Camp 2021

Viva Vida Art Gallery  
www.vivavidaartgallery.com

## REGISTRATION FORM

### PARTICIPANT INFORMATION Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender:  F  M

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

### Camp Sessions

- |   |  |
|---|--|
| <input type="checkbox"/> Session 1 - June 28 - Viva la Viva in ART          | <input type="checkbox"/> Session 5 - July 26 - Draw It And "Toon" It!            |
| <input type="checkbox"/> Session 2 - July 5 - All You Need is Love          | <input type="checkbox"/> TEEN Session 5 - July 26 - Drawing For Teens            |
| <input type="checkbox"/> Session 3 - July 12 - The Davinci Experience       | <input type="checkbox"/> Session 6 - August 2 - The ART of Storytelling          |
| <input type="checkbox"/> Session 4 - July 19 - Up, Up and Away              | <input type="checkbox"/> TEEN Session 6 - August 2 - Trip Out!- Art Appreciation |
| <input type="checkbox"/> TEEN Session 4 - July 19 - Street "Scene" Graffiti | <input type="checkbox"/> Session 7 - August 9 - Open Studio                      |
|   | <input type="checkbox"/> Session 8 - August 16 - Paint Me a Rainbow              |
|   | <input type="checkbox"/> Session 9 - August 23 - ARTicipation                    |
- \*Teen Camp Options are for ages 13+**

### Camp Fees and Payment Methods

Registration Fee: \*\$329 - Full 5 Days Hours: 9am - 4pm

\*\$95 - Full day Hours: 9am - 4pm  M  T  W  Th  F (waiting list)

\*\$75 - ½ day Morning 9 – 12pm  M  T  W  Th  F (waiting list)

Afternoon 1 – 4 pm  M  T  W  Th  F (waiting list)

\*\$15 a day Extended care 8:00am to 6pm

(Please specify days and times below)

M \_\_\_\_\_  T \_\_\_\_\_  W \_\_\_\_\_  Th \_\_\_\_\_  F \_\_\_\_\_

\* All prices subject to applicable taxes.

**SUBTOTAL \$** \_\_\_\_\_ (plus applicable taxes) **TOTAL PAID \$** \_\_\_\_\_

Payment Type  Check  VISA  MasterCard  Cash  Paypal  
Invoice # \_\_\_\_\_ Date: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Cheque# \_\_\_\_\_

After May 15, 2021, 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: [Info@vivavidaartgallery.com](mailto:Info@vivavidaartgallery.com)  
Drop off or mail Registration Form to: Viva Vida Art Gallery, 278 Lakeshore road, # 2, Pointe Claire, H9S 4K9  
or E-mail to [info@vivavidaartgallery.com](mailto:info@vivavidaartgallery.com).

Please do not submit credit card information via email. You can telephone credit card information: 514-694-1110.

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

Child's Name	Date of Birth		M	F
			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	

**Alternative Emergency Contacts**

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, Province	City, Province
Postal code	Postal code

**Medical Information**

Hospital/Clinic Preference

Physician's Name	Phone Number
Medicare Number	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.	
Parent's/Guardian's Signature	Date