

Summer Art Camp 2024
Viva Vida Art Gallery www.vivavidaartgalley.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/Guardian Name: _____

Signature: _____

- Session 1- June 24 – Articipation
- Session 2- July 1 – Paint, Paint, Paint
- Session 3- July 8 – Rhythm and Hues
- Session 4 - July 15- 1. Loony, Toony, Cartoony
2: Grunge, Graffiti and Grit
- Session 5 - July 22 – Wonderful Women in Art
- Session 6- July 29 – Exploring the World of Art
- Session 7- August 5 - Sculpting Up a Storm
- Session 8- August 12 - 1. Back to the Drawing Board
2. Drawing for Teens
- Session 9- August 19 - Recycle, Upcycle, Create

Session Titles and option: _____

Registration Fee:

\$335 - Full week Hours: 9am - 4pm • Mon • Tues • Wed • Thurs • Fri

\$100 - Full day Hours: 9am - 4pm • Mon • Tues • Wed • Thurs • Fri

\$75 - ½ day Morning 9 – 12am • Mon • Tues • Wed • Thurs • Fri

Afternoon 1 – 4 pm • Mon • Tues • Wed • Thurs • Fri

\$15 a day Extended care (Please specify days and times below)

• Mon _____ • Tues _____ • Wed _____ • Thurs _____ • Fri _____

Subtotal \$ _____ (plus applicable taxes) Total Paid: \$__ Invoice --

Payment Type • Cheque • VISA • MasterCard • Cash • Debit • Pay Pal

Cancellations or changes resulting in a refund must be received by May 15th, 2016 and are subject to a \$50 administrative fee. After May 20, registration fees are non-refundable. No refunds will be made for no-shows. Substitutions are permitted with advance notice. A returned check fee of \$25 will be charged for all returned checks.

Occasionally, Viva Vida Art Gallery photographs and/or videotapes during the Summer Youth 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.

Registration Questions, contact Viva Vida Gallery at 514-694-1110 or by e-mail: info@vivavidaartgallery.com
Drop off or mail Registration Form to: Viva Vida Art Gallery, 278-2 Bord-du-Lac/Lakeshore., Pointe-Claire, QC, H9S 4K9

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

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, Province Postal code</p>	<hr/> <p>City, Province Postal code</p>		

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Work Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, Province Postal code</p>	<hr/> <p>City, Province Postal code</p>

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Medicare Number</p>	<hr/> <p>Expiry date</p>

Allergies/Special Health Considerations

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

I, the undersigned hereby agree 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 Name

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
--	-------------------