

Holiday Fine Art 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 Fees

Registration Fee: \$335 - Full 5 Days Hours: 9am - 4pm

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

PAYMENT METHOD

Payment Type Check VISA MasterCard Cash PayPal

Invoice # _____ Date: _____ Paid \$ _____ Cheque# _____

After December 20, 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

**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.**

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

Alternative Emergency Contacts

<hr/> Primary Emergency Contact	<hr/> Secondary Emergency Contact
<hr/> Home Phone	<hr/> Home Phone
<hr/> Work Phone	<hr/> Work Phone
<hr/> Address	
<hr/> City, Province	<hr/> Postal code
<hr/> City, Province	<hr/> 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 accident during activities related to Viva Vida Art Gallery, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature Date