

Holiday Fine Art Camp 2024

Viva Vida Art Gallery
www.vivavidaartgallery.com

REGISTRATION FORM

Last Name: _____ First Name: _____ Age _____ Gender: F M

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Telephone: _____ Email: _____

Parents/Guardians Name: _____

Camp Fees

Registration Fee: \$295 - Full 4 Days Hours: 9am - 4pm

\$95 - Full day Hours: 9am - 4pm Jan. 2, Jan. 3, Jan. 4, Jan. 5

\$65 - ½ day Morning 9 – 12pm Jan. 2, Jan. 3, Jan. 4, Jan. 5
Afternoon 1 – 4 pm Jan. 2, Jan. 3, Jan. 4, Jan. 5

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

M F

Child's Name Date of Birth 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 Work Phone Home Phone Work Phone Address Address

City, Province Postal code City, Province 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