

# Spring Art Camp – Around the World in 5 Days - March 2024

Viva Vida Art Gallery  
www.vivavidaartgallery.com

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age \_\_\_\_\_

Female  Male

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

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

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

Parents/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Camp Fees

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

\$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

\$20 a day Extended care (Please specify days and times below) 8am to 6pm

Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  Thurs \_\_\_\_\_  Fri \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ (plus applicable taxes)

### PAYMENT METHOD

Make checks payable to: Viva Vida Art Gallery

Payment Type  € Check  € VISA  € MasterCard  € Cash Invoice # \_\_\_\_\_

Paid \$ \_\_\_\_\_

Cancellations or changes resulting in a refund must be received by Feb. 18 and are subject to a \$50 administrative fee. After Feb. 20 registration fees are non-refundable. No refunds will be made for no-shows. Substitutions are permitted. A returned check fee of \$25 will be charged for all returned checks.

Registration Questions, contact: 514-694-1110 or by e-mail: [vivavidaartgallery@videotron.ca](mailto:vivavidaartgallery@videotron.ca)  
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.  
it card information: 514-694-1110



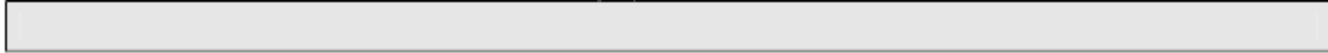
**Viva Vida Art Gallery  
Field Trip Form and Emergency Contact and Medical Information for a Child**

_____		_____		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	

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 \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_