

## **Program Information**

### **Accessibility**

Our workshops are available to individuals with special needs. Our facility is partially accessible. If a participant plans to attend with a support person, please indicate at time of registration.

### **Allergies**

Please be advised that the Norfolk Arts Centre is a public facility for visitors as well as an office work space for other departments of Norfolk County. Therefore, we cannot guarantee that the programs are held in an allergy-free environment. We encourage all participants to bring peanut-free lunches and snacks.

### **Registration**

Some programs will fill up quickly. Registration is on a first come, first serve basis. Payment secures registration.

### **Payments & Refunds**

We require a complete payment at the time of registration. A full refund, with a \$5 administration fee deducted, will be issued if a cancellation request is two or more weeks prior to the start of the program. If a cancellation is after two weeks prior to the start of the course, a \$25 charge will be forfeited by the registrant. There will be no refunds on cancellations on the day of the program. A fee of \$25 will be levied for all NSF cheques.

### **Sign In and Out**

Parents/ guardians are required to sign for their child at the time of drop off and pick up. Participants are not permitted to leave the grounds with a person other than their parent or guardian unless otherwise indicated on the registration form or by note on the day in question.

### **Prescriptions**

If a child needs to take medication during program hours, a signed note from the parent/ guardian is required before the medication can be administered. The medication must be in the child's name and in its original container. Parents/guardians are asked to hand the medication directly to program staff at the time of drop-off for safe keeping.

# 2016 ART PROGRAM REGISTRATION

PLEASE FILL OUT ALL OF THE INFORMATION ON THIS FORM

1<sup>st</sup> Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

2<sup>nd</sup> Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

3<sup>rd</sup> Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Parent / Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Other than Parent): \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

My child may be picked up by (if other than the above):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please Note:** Children will only be allowed to leave with a parent/guardian unless otherwise noted above OR a note is received from a parent/guardian on the day in question. If a child has parental permission to walk home, please make a note on this form, or send a note with the child on the day in question.

**Release Waiver and Indemnity:** I voluntarily assume any risk of injury or damage in connection with the above program, and I release, discharge and agree to indemnity and save harmless the Norfolk Arts Centre and its employees, agents and volunteers from any liability, claim or demand howsoever incurred, arising out of the participation of the Participant in the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Over 

# Medical Information

Doctor's name: \_\_\_\_\_

Phone #: \_\_\_\_\_

## **1<sup>st</sup> Child:**

Note any ALLERGIES (food, insects, medications):  
\_\_\_\_\_

Are there any medications given to your child during the day?     Yes             No

If "Yes", please specify:  
\_\_\_\_\_

Is there anything we should be aware of (developmental delays, physical challenges, hyper-activity, etc.)?  
\_\_\_\_\_

## **2<sup>nd</sup> Child:**

Note any ALLERGIES (food, insects, medications):  
\_\_\_\_\_

Are there any medications given to your child during the day?     Yes             No

If "Yes", please specify:  
\_\_\_\_\_

Is there anything we should be aware of (developmental delays, physical challenges, hyper-activity, etc.)?  
\_\_\_\_\_

## **3<sup>rd</sup> Child:**

Note any ALLERGIES (food, insects, medications):  
\_\_\_\_\_

Are there any medications given to your child during the day?     Yes             No

If "Yes", please specify:  
\_\_\_\_\_

Is there anything we should be aware of (developmental delays, physical challenges, hyper-activity, etc.)?  
\_\_\_\_\_

## **Medical Release:**

If at any time, due to circumstances such as an accident, sudden illness or emergency, and medical treatment is required (and I cannot be contacted), care may be given by private physician or hospital. I also consent to emergency transportation by ambulance if necessary.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Photo Release Waiver:**

With consideration, I consent that the photographer shall have the absolute right and permission to use any photographs taken of my child for publication, display or use by the Corporation of Norfolk County, the Photographer or their assignees.

I hereby release, discharge, and agree to save harmless their legal representatives or assigns and all persons acting under their permission or authority of those for whom they are acting, from any liability by virtue of any blurring, distortion, alterations, optical illusion, or use in composite form, whether intentional or otherwise, which may occur or be produced in the taking of said picture or the publication thereof.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I have read the above authorization and release prior to its execution, that I am fully familiar with the contents thereof.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_