

GALLERY STRATFORD

Art Adventurers | Child Profile

Child's Name:

Special Dietary/ Health Considerations of the Child:

Please list any allergies or health considerations:

Parent/Guardian Information:

Parent/Guardian's name:

Phone number: _____ Cell Number: _____

Emergency Contacts (other than parent listed above):

1. Name: _____ Phone number: _____
2. Name: _____ Phone number: _____

Pick Up Consent (other than above listed contacts):

Gallery Stratford may release your child to the following individual(s) at any point during or at the end of the day. Children may not be released to any individual without written consent directly from the parent/guardian.

1. First and Last name: _____ Phone: _____
2. First and Last name: _____ Phone: _____

Photo Consent:

- I grant permission to have photographs taken of my child, which may then be used in Gallery Stratford publications and for promotional purposes.

Please Circle One:

Yes

No

First Aid and Risk Waiver:

- I, _____ (please print), hereby give Gallery Stratford permission to administer First Aid, C.P.R. and/or Epi-pen (administered by a certified First Aid staff member), in a case of emergency.

- **Risk Waiver & Consent:** In permitting my child, _____, to attend the Gallery Stratford's Art Adventurers program, I permit my child to participate in the full range of activities, including walks around the Gallery grounds and to Upper Queens Park. I authorize the Gallery Stratford staff, in the event of accident or illness affecting the above-named, to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as deemed essential for the care and well-being of the above named. Such action is to be taken only when immediate contact with any emergency contact cannot be made.

Please Circle One:

Yes

No

- Should registrants wish to cancel, cancellations will be subject to an administration fee of 10% of the value paid. If cancellation is made within the SEVEN days prior to the start date of the course, an administration fee of 20% of the value paid will apply.

- Gallery Stratford reserves the right to release a registrant from the program if he or she is deemed incompatible with program guidelines.

By signing below I agree that I have read and agree to all of the above AND I confirm that all information is correct.

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Signature: _____