

GALLERY STRATFORD

Golf & Art | Child Profile

Child's Name: _____ Age: _____

Special Dietary/ Health Considerations of the Child:

Please list any allergies, health considerations, or dietary restrictions:

Parent/Guardian Information:

Parent/Guardian's name:

Phone number: _____ Cell Number: _____ Email: _____

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 for publications and for promotional purposes.

Please Circle One:

Yes

No

First Aid and Risk Waiver:

- I, _____ (please print), hereby give Gallery Stratford Staff 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 afternoon Art Program portion of the Golf & Art camp, I permit my child to participate in the full range of indoor and outdoor activities, including walks around the Gallery Stratford property and 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

*please note the risk waiver & consent portions of this form are only applicable to Gallery Stratford afternoon art programs, and do not apply to programming occurring at the Stratford Country Club or under the supervision of Stratford Country Club staff.

- 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: _____