

# 2018 Kids Summer Art Program—Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_

## Daytime Contacts:

# \_\_\_\_\_ Relation to Child \_\_\_\_\_  
# \_\_\_\_\_ Relation to Child \_\_\_\_\_

Family E-mail Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ # \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Will your child need assistance administering medication? \_\_\_\_\_

During the time your child is at our program, we may leave the facility to playgrounds, or the water park within walking distance. Do you give your child permission to leave the Watson Art Centre under our staff's supervision? \_\_\_\_\_

**\*Please ensure your child is wearing clothes that can get messy, and brings a swimsuit, towel, and water bottle for each day.\***

**Age: 5-8 Morning Session**  
9:30 am—12:00 pm

**Age: 9-12 Afternoon Session**  
1:00 pm—3:30 pm

\_\_\_ **Week 1** July 3-6 \_\_\_ **Week 3** July 17-20  
\_\_\_ **Week 2** July 9-13 \_\_\_ **Week 4** July 23-27

\_\_\_ **Week 5** Aug 30-3 \_\_\_ **Daily**  
\_\_\_ **Week 6** Aug 7-10

Dates: \_\_\_\_\_  
\_\_\_\_\_

## **Participant Waiver & Photography Consent:**

I, the undersigned parent/guardian, authorize the Dauphin & District Allied Arts Council and/or anyone acting on their behalf to acquire necessary medical aid that may be needed as a result of any accident or injury which may be sustained by my child. I hereby absolve and hold harmless the Dauphin & District Allied Arts Council and/or anyone acting on their behalf from all injuries, claims or liabilities that may result from my child's participation.

I also give permission for my child to be photographed or recorded on video to be used in local news, watsonartcentre.com, and social media.

Signature \_\_\_\_\_ Date \_\_\_\_\_