



CONFEDERATION CENTRE OF THE ARTS

registration form

summer art camp

visual arts

Please complete this registration form and return. PAYMENT IN FULL MUST ACCOMPANY THIS FORM TO SECURE REGISTRATION. Payment may be in the form of cash, cheque, or credit card. **Cheques payable to: CONFEDERATION CENTRE OF THE ARTS**

PLEASE INDICATE CHOICE OF CAMP

FULL-DAY ART CAMPS Ages 6–12

July 2-5 July 8-12 July 15-19 July 29-August 2 August 5-9 August 19-23

HALF-DAY KINDERART CAMP Ages 4–5

July 22-26 morning afternoon August 12-15 morning afternoon

CHILD'S NAME _____ CHILD'S DATE OF BIRTH (YYYY-MM-DD) _____

NAME OF PARENT/GUARDIAN _____

MAILING ADDRESS _____ CITY/PROV. _____

POSTAL CODE _____ EMAIL ADDRESS (REQUIRED FOR CAMP UPDATES) _____

PRIMARY PHONE _____ ALTERNATE PHONE _____

METHOD OF PAYMENT:
 cash cheque MasterCard Amex Visa

CREDIT CARD NUMBER

SIGNATURE _____

EXP. DATE

CVV

MEDICAL CONDITIONS: Make note of any medical conditions.

I HEREBY GIVE CONSENT AND APPROVAL for the participation of the above mentioned child in the Confederation Centre Camps and certify that they are physically fit to take part in all activities. Further, I do hereby waive, release, and forever discharge said organization and its staff from all claims for damages occurring, injury, or loss of personal property during their participation. PLEASE BE ADVISED that all classes may be documented by photos and video. Photographs may be used for marketing and publicity purposes. PRIVACY STATEMENT Confederation Centre is the sole owner of the information collected here and through our website. We will not sell or otherwise distribute this information to third parties.

SIGNATURE _____ DATE _____