

RAILS END ART ATTACK at Rails End Gallery & Arts Centre

2010 Registration Form

Participant Information

OFFICE USE: pd ___ conf _____
Inv # _____ entered: _____

Name: _____ DOB day ___ mo ___ yr ___ Age on July 1: _____

Emergency Contact Information

Parents'/Primary Caregiver's Name: _____

Address: _____

Phone: _____ (h) _____ (w) Email: _____

In case of emergency, if parent/guardian is unavailable, we should contact:

Name: _____ Phone: _____ (h) _____ (w)

Health Information

In order to best serve your child/ren please tell us if she/he has any special medical issues or needs, or is currently on any medication. Please describe below or attach additional information if appropriate. All information is kept strictly confidential.

Program Selection & Payment (tax included)

Times: Tues/ Thurs 11 am - 12:30 pm Wed 1:30 – 3 pm

July 6 – Aug 28 ALL DATES \$125 flat rate / \$ 118.75 Gallery member

\$8 single session / \$7.60 for Gallery members Date: _____

\$15 two sessions / \$14.25 for Gallery members Dates: _____

\$20 three sessions / \$19 for Gallery members Dates: _____

ART ATTACK DATES OFFERED		
Tues	Wed	Thurs
July 6	July 7	July 8
July 13	July 14	July 15
July 20	July 21	July 22
July 27	July 28	July 29
August 3	August 4	August 5
August 10	August 11	August 12
August 17	August 18	August 19
August 24	August 25	August 28

Payment information & Cancellation Policy:

Payment by (check one) ___cheque ___ cash ___ VISA ___ MC ___ debit

AMOUNT PAID: _____

Credit card: Type: _____ Number: _____ Exp: _____

Signature: _____; Name on Card: _____

REFUND POLICY: All fees are non-refundable. Rails End Gallery & Arts Centre reserves the right to cancel any program due to under-enrolment, in which case a refund will be issued.

Photo Release and Assumption of Risk:

a) For marketing and promotional purposes, the Rails End Gallery & Arts Centre documents exhibits and programming through photos and video. I, _____ hereby consent that photos/video be taken of my child/myself for the following purpose:

Check those that apply:

- promotion
 grant proposals
 Newspaper Articles
 Gallery website

Signature: _____ Date: _____

b) I agree that I will not hold the Rails End Gallery & Arts Centre or any Rails End program instructors or staff liable for any injuries sustained, illnesses contracted, or loss of property incurred while my child/ren are participant/s in Art Attack. A parent's signature is required to complete this registration form.

Please return form with payment to: **Rails End Gallery & Arts Centre**

23 York St. P.O. Box 912 Haliburton, ON K0M 1S0
705-457-2330 info@railesendgallery.com www.railesendgallery.com