

**REGISTRATION FORM:**

For Children Ages 4 –14

Niagara Falls Art Gallery

Niagara Children’s Museum & Art Gallery Of Welland

www.niagarafallsartgallery.ca

Released: June 2024 pg 1of 2

**AVAILABLE PROGRAMS & SESSIONS**

Saturday Art Programs		ADULT & YOUTH (16+) Programs		Art Camps (Mon-Fri > 9:00 am—3:30 pm)			PAYMENTS	
Session (7 weeks)	Class Cost Per Student	Session (8 weeks)	Class Cost Per Student	Session	Class Cost Per Student			Accepted Methods:
					FULL Day	Before Care	After Care	
Early Fall	\$ 150.00	Fall	\$ 175.00	March Break	\$250	\$25/wk or \$5/day	\$25/wk or \$5/day	DEBIT CREDIT CASH No Refunds
Late Fall	\$ 150.00	Winter	\$ 175.00	Summer Camp	\$250	\$25/wk or \$5/day	\$25/wk or \$5/day	
Winter	\$ 150.00	Spring	\$ 175.00	*4 Day Camps (see schedule)	\$200	\$25/wk or \$5/day	\$25/wk or \$5/day	
Early Spring	\$ 150.00	Summer	\$ 175.00	Special Camp	Please Inquire	Please Inquire		
Late Spring	\$ 150.00	ART KITS	\$ 40.00					

**SECTION A: STUDENT(S) INFORMATION (Please Print)**

STUDENT ID #	FULL NAME (FIRST & LAST)	AGE	BIRTH DATE	ALLERGIES/ HEALTH / NOTES
1				
2				
3				
4				

**SECTION B: PROGRAM INFORMATION (Please Print) Please attach multiple pages if more space is required.**

STUDENT ID #	Program Session	Program Title	Start Date	Program Cost	Extra Care Cost (If applicable)	Subtotal

**TOTAL NOW DUE:**

**SECTION C: PARENT(S)/ GUARDIAN(S) INFORMATION**

**CONTACT #1: MAIN CONTACT (Please Print)**

FULL NAME (First & Last)	Relationship	Address	City	Postal Code
Phone Number	EMAIL Address			

**CONTACT #2: EMERGENCY CONTACT (Please Print)**

FULL NAME (First & Last)	Relationship	Address	City	Postal Code
Phone Number	EMAIL Address			

**SECTION D: Media Release (Optional)**

Participants in all of our programs may be photographed or video recorded for media/promotional purposes related to the Niagara Falls Art Gallery, the Niagara Children’s Museum and/or their associated organizations (herewith the Gallery). I/we hereby grant permission to the Gallery and its representatives to photograph &/or video record the registrant as well as the right to reproduce, use, exhibit, display, broadcast & distribute these images/recordings in any media now known or later developed for promoting, publicizing or explaining the Gallery and its activities.

Signed Parent/Guardian

The Niagara Falls Art Gallery, the Niagara Children’s Museum and all of its subsidiary organizations will herewith be referred to as the **Gallery** and registered persons will be referred to as “**Registrants**” for the purposes of this document.

**What Students Should Bring To The Gallery:**

**A) Art Classes (All ages)**

- Please wear clothing that is appropriate for the possibility of getting art materials on them (ex: paint, clay etc).
- **Optional:** A resealable/refillable water bottle (labeled with students name)

**B) Art Camps (4-14)**

- All items brought to camp should be clearly labelled with student's name
- Please wear clothing that is appropriate for the possibility of getting art materials on them (ex: paint, clay etc).
- Change of clothes should be packed in the case the need arises.
- **Summer:** Although camps are mainly indoors, occasionally campers may see an outdoor recess period. Please ensure students have weather appropriate clothing, footwear, hats, and sunscreen.
- **Half/Full Day:** A resealable/refillable water bottle (labeled with students name)
- **Half Day:** 1 Snack (Snacks **must be nut free**; snacks labeled as "may contain..." are also **not permitted**); A resealable/refillable water bottle (labeled with students name)
- **Full Day:** 2 Snacks + Lunch (Snacks & Lunch **must be nut free**; snacks labeled as "may contain..." are also **not permitted**); A resealable/refillable water bottle (labeled with students name)

**What Not To Bring To The Gallery:**

Class/camp programs are designed to be an educational experience to build skills not just in the arts but also grow socially. In order to facilitate this, please ensure that all toys, electronics, jewelry, video games, trading cards stay home. Any item found by the instructors that are not on the "What not to Bring" list will be set aside by an instructor, away from the students until the end of day where it will then be returned to the student to be brought home with the intent not to return. Do not bring any item of significant value. **Please Note:** The Niagara Falls Art Gallery is not responsible for any items lost by participants; please only bring items listed on the "**What Students Should Bring To The Gallery**" list and label all items with the student's full name (first & last). In accordance with our refund policy, there will be NO refunds for items damaged, lost or stolen.

**Participant Behaviour & Policy:**

In effort to uphold an educational environment that addresses the needs of all program participants, the Gallery strives to make our programs supportive, positive, fun, educational, respectful, and safe. Attendees are expected to behave accordingly and in a fashion that will support these goals and expectations. Behavior that is counter to these goals will be addressed immediately; if the counter behaviour has been determined by staff to be minor infraction, guidance and opportunity to remedy the behavior will be given. Participants who do not comply with the guidance and continue to behave in an unacceptable behaviour or their actions have been determined by staff to be a major infraction (ex: Physical Violence) are subject to the revocation of their privilege to attend the program. In accordance with our refund policy, no refund shall be given for a participant that has been removed from the program for disciplinary reasons.

**LATE FEES:**

Registrants that are not picked up at the applicable end time of their programs are subject to *Late Fees*. These fees will begin at *10 minutes* after the stated end time of the program and at *1 minute past* for those Registrants enrolled in an *Aftercare program*. The fee of **\$2/minute** will be *automatically applied daily to your credit card* on file when applicable.

**Medical Emergencies Waiver:**

In the event of an accident, injury or illness involving the registrant, I hereby authorize and grant permission to the Gallery staff to perform first aid on the Registrant. The Gallery will attempt to contact the designated contacts listed on the registration form with reasonable effort, however, if the contacts(s) cannot be reached, or if immediate assistance is required, I hereby authorize and grant permission to the Gallery staff to secure medical treatment, and authorize on the Registrant's behalf for all procedures, including, and without limitation to: emergency services, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical professional(s) I agree not to hold the Gallery responsible for any costs or injury arising out of a medical/emergency situation.

**Release of Liability, Waiver of Claims,**

**Assumption of Risks and Indemnity Agreement:**

As a parent/guardian of the minor (Registrant), &/or as a Registrant, who is participating in the Gallery’s programming, I hereby acknowledge that certain risks, dangers and hazards may be involved in the programming which include, but are not limited to, personal injury or exposure to communicable diseases (including COVID-19).

I freely accept and fully assume all risks, dangers and hazards associated with the Gallery’s programming. I agree and acknowledge that the registrant has my permission to participate in all activities and will participate in any activity entirely at their own risk and that they are medically fit to undertake such activities.

As the parent/guardian, &/or as a Registrant, I/we agree to waive any and all claims that I have or may have in the future against the Gallery, staff, associated agents & respective successors (all of whom are hereinafter referred to as the “Releasees”) and to release the Releasees from any and all liability for any loss, damage, expenses or injury (temporary or permanent).

**Payment Policies:**

I agree and understand that **all funds** given to the Gallery are **NON REFUNDABLE** and that, at the *sole discretion* of the Gallery, only proportional credits may be offered in certain circumstances.

**MANDATORY Authorization & Signature for Enrollment:**

I/we, the undersigned, have read, understood and agree to the policies and expectations presented within this document and am aware that I/we am/are waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees. I/we also agree to all applicable fees in this document related to the Registrant and programming to be charged to the credit card on file as specified below.

\_\_\_\_\_ / \_\_\_\_\_  
**Signature of Parent/Guardian or Registrant (19+) / Date dd/mm/yy**  
**Authorized Credit Card Holder Signature**

**CREDIT CARD INFORMTION:**

**Please fill Billing Address/Name of Card Holder if differs from reverse form.**

**Name of Card Holder (As Appears On Card) - PLEASE PRINT**

<b>Address</b>		<b>City</b>	<b>Postal</b>
<b>Card Type</b>	<b>Card #</b>		
VISA <input type="checkbox"/>	_____		
Mastercard <input type="checkbox"/>	<b>CVV (3 Digits):</b> _____	<b>Expiry(mm/yy):</b> _____ / _____	