

Please complete both pages of this form. Return completed form to the Gallery: fax to 519-746-6396; scan and email to Nadine Badran at nadine@theclayandglass.ca; mail or deliver in-person (25 Caroline St. N., Waterloo, N2L 2Y5).

If you have any questions, please contact Nadine by email.

Name of camper: _____ Age at Mar.1/2019: _____ Gender: M F

*Our camps are for children ages 7 to 11

Address: _____ City: _____

Province: _____ Postal Code: _____ Health Card #: _____

Parent/Guardian's Name: _____ Tel (D): _____ Tel (E): _____

Cell: _____ Email: _____

Parent/Guardian's Name: _____ Tel (D): _____ Tel (E): _____

Cell: _____ Email: _____

Has your child attended one of our camps (summer or march break) in the past two years? Y N

YES, I authorize The Clay & Glass to take photographs or video of my child while participating in a program and to use this media for promotional purposes including print or electronic publications, without compensation to me.

YES, I would like to receive email updates from The Clay & Glass about events and programs

How did you learn about our camps? Word of Mouth Newspaper Leisure/Activities Guide
 Online Other (please specify) _____

March Break Art Camp

Monday, March 11 to Friday, March 15

Cost: \$240 per participant. Clay & Glass Members receive a **10% discount**. Member #: _____

Please note, there is no charge for extended care between 8:15am and 9:00am and between 4:30pm and 5:30pm

Our March Break Art Camp cancellation policy can be found on our website: www.theclayandglass.ca/camps

Method of Payment:

MasterCard Visa Debit (available in Gallery Shop) Cash

Credit Card #: _____ Expiry Date: _____

Name on credit card: _____

Name of camper: _____ Birthday (yy/mm/dd): _____ Gender: M F
 Health Card #: _____ Doctor's Name: _____
 Tel: _____

Does the camper take medication on a regular basis? _____

Does the camper have chronic medical problems that affect his/her behaviour or health needs while at camp? _____

Are there food allergies? Please specify: _____

I _____, authorize The Clay & Glass to administer emergency first aid to my child if required.

Signature: _____ Date: _____

Medication Dispensing Authorization

As parent/guardian of the above-named child, I authorize the dispensing of the medication(s) listed below by The Clay & Glass personnel who I acknowledge are not medically trained. I release The Clay & Glass, its employees and agents from all manner of actions, causes of actions, suits, losses, damages or injuries however caused, arising out of the administration or failure to dispense medication herein, and indemnify The Clay & Glass, its employees or agents for any losses or damages sustained by them as a result of such actions or proceedings being commenced against them by myself or the child or any other parent/guardian of said child.

Medical Information

Diagnosis/Reason for Medication: _____

Medications Prescribed	Dosage	Time of Dispensing
_____	_____	_____
_____	_____	_____

Possible side effects (if any): _____

Parent/Guardian's signature: _____ Date: _____