

OFFICE USE: paid____
Cr. Crd. Auth_____ Chq. #_____
Chq. Date_____ processed by:_____

**A) Participant Information**

Name: \_\_\_\_\_ DOB day \_\_\_ mo \_\_\_ yr \_\_\_ Age : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Email: \_\_\_\_\_

**B) Emergency Contact Information**

Parents'/Primary Caregiver's Name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

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, allergies or other needs. Please describe below or attach additional information if appropriate. All information is kept strictly confidential.

**C) Program Selection**

- |                                      |  |
|--------------------------------------|--|
| March 15 – Everywhere and Everything | March. 16 – Everywhere and Everything II |
| March 17 – Just for Me               | March 17 – Imaginative Wandering         |
| March 18 – Supersonic Storytelling   | March 19 – Fun with Fibre                |

**D) Payment information & Cancellation Policy:**

Payment by (check one) \_\_\_cheque \_\_\_ cash \_\_\_ VISA \_\_\_ MC

AMOUNT PAID: \_\_\_\_\_

Credit card: Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_; Name on Card: \_\_\_\_\_

**REFUND POLICY:** *All fees are non-refundable.* Minden Hills Cultural Centre reserves the right to cancel any program due to under-enrolment, in which case a refund will be issued.

**E) Photo Release, Assumption of Risk and Behavior:**

a) For marketing and promotional purposes, Minden Hills Cultural 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 Minden Hills Cultural Centre/Municipality of Minden Hills or any Cultural Centre program instructors or staff liable for any injuries sustained, illnesses contracted, or loss of property incurred while my child/ren are participant/s in Cultural Centre programming . A parent's signature is required to complete this registration form.

c) The Centre's policy on behaviour requires respect of participants, property and instructor. It is understood that if a person is behaving inappropriately he/she will have their parent/guardian called to be picked up.

Where did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date