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| C:\Users\Bryanne\Desktop\Programs\logo[1].png | **Art Afterschool****Wednesday’s** **April 13 – June 1, 2016** |
| Childs Name: | Childs Age: |
| Date of Birth (D/M/Y): |
| Parent(s)/Guardian(s) Name: |
| Mailing Address: |
| Email: |
| Home Phone: | Cell Phone:  | Work Phone: |
| Family Doctor: | Medicare #: |
| Medical Condition(s): |
| Emergency Contact Name: | Emergency Contact Phone: |

**Parent(s)/Guardian(s) Permission:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent for my child to participate in the Andrew & Laura McCain Art Gallery’s Art Afterschool program at the River Art Centre & Studios, 8746 Main St., Florenceville-Bristol, NB on Wednesday’s April 13 – June 1, 2016.

**Release of Liability:** As a condition of my child’s participation in the Art Afterschool program, I agree to release the Andrew & Laura McCain Art Gallery, any establishment where the program is held, its employees and agents, from any and all liability for any bodily injury, property damage, death or loss of any nature and kind that may occur form participation in any activities of the Art Afterschool program.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also agree to have my child’s name and any pictures taken at the program to be used for publicity purposes should the need arise. \_\_\_\_\_ **YE**S \_\_\_\_\_\_ **NO**Parent(s)/Guardian(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_