Workers Arts and Heritage Centre

51 Stuart Street | Hamilton, ON | L8L 1B5 | 905.522.3003 | http://wahc-museum.ca/

REGISTRATION FORM – *2015/16 PA DAYS at WAHC*

November 27 | January 29 | February 26 | June 10

9am – 4 pm; Ages 6-12

Participant's Name:_____Age:_____

Name of Parent or Guardian:_____

Address:_____City:_____ Postal Code:_____

Home Telephone:_____Work Telephone:_____

Email:_____

How did you hear about this program at WAHC?_____

Registration deadline for each kids program is the WEDNESDAY before each program begins. No one will be turned away due to lack of funds. To discuss alternate payment options, please contact us.

PAYMENT

Please indicate what program you are enrolling your child in:

- ☐ Nov 27th PA Day "Wordless Mini Comics" ($20)
- ☐ Jan 29rd PA Day "Monumental Mash Up" ($20)
- ☐ Feb 26th PA Day "Masks, Improv and Movement" ($20)
- ☐ June 10th PA Day "Assembling a Future City" ($20)

****Nut-free snacks and lunch will be served each day****

Method/Amt. of Payment: Visa_____ Mastercard_____ Cash_____ Cheque_____

Account Name:_____Account Number:_____

Expiry Date:_____CVV#_____Signature:_____

Full payment and Waiver of Indemnity must be included with registration form. NO REFUNDS WILL BE ISSUED AFTER REGISTRATION IS COMPLETED.

Please email, mail or drop off registration and payment to: WAHC, 51 Stuart Street, Hamilton, L8L 1B5. **For more information, contact:** Tara Bursey, Programming Coordinator, Children and Youth (905) 905-522-3003 tara@wahc-museum.ca

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Emergency Contact and Waiver of Indemnity and Likeness, Children and Youth Programs

Child's Name:_____Age:_____

Person to Contact in Case of Emergency:

Name:_____Cell Phone #_____

Relationship:_____Email:_____

Is this the same person who will pick up the child after the workshop? Y_____N_____

If not, who will?_____Cell Phone #_____

Please notify us of any allergies, medical conditions or learning difficulties your child has, and detailed info about the administration of medication if applicable:

_____

_____

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_____

- ☐ I the parent/guardian **agree to indemnify** and hold harmless the Worker's Arts and Heritage Centre for any loss or damage suffered by me or my child for any action, claim or proceeding brought against the Worker's Arts and Heritage Centre, arising from the participation of the above stated child/youth in the above stated activity.
- ☐ I agree that any photo (whether electronic, digital or otherwise) taken of my child or in which my child will appear may be used by WAHC for any purpose including publicity, publications and video productions, whitout compensation to me/my child, and this constitutes my consent to such use. I understand that my child will not be identified by name.

I hereby acknowledge and represent that I have read and understand this waiver and agree to it voluntarily, that I am the parent or legal guardian of the child participating.

Name:_____Signature:_____Date:_____