



**Workers Arts and Heritage Centre**

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

**REGISTRATION FORM – 2018/19 PA DAYS at WAHC**

**September 21<sup>st</sup> | November 2<sup>nd</sup> | December 7<sup>th</sup> | January 25<sup>th</sup> | March 1<sup>st</sup> | June 7<sup>th</sup>**  
**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? \_\_\_\_\_

Would you like to be added to our email list? \_\_\_\_\_

**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**

**\$20.00 inclusive**

Sept 21st     Nov 2nd     Dec 7th     Jan 25<sup>th</sup>     March 1st     June 7th

*\*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: Hitoko Okada, Program Coordinator, (905) 905-522-3003 ex 29 [hitoko@wahc-museum.ca](mailto:hitoko@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, without 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: \_\_\_\_\_