

arTech sTudios - extreme creativity all year long!
416 King Street, Bridgewater, NS B4V 1A9 Telephone 530-3177

Artech Studios RegistrationForm

Program _____

Child's full name _____

Birth date _____ Grade _____

Gender _____ School _____

Address _____ Town/City _____

Postal Code _____ Telephone (home) _____

Would you like to receive email information about upcoming programs?

Email _____

Parent(s) or Guardian(full Name) _____

Phone _____ Other (cell) _____

Emergency Contact if parent(s) cannot be reached:

Name _____ Phone _____

Relationship to Child _____ Other (cell) _____

Please list any current medical conditions that Artech staff should be aware of
(e.g. asthma, ADHD or other) _____

Allergies to foods, medications, environment (indicate severity) _____

Will your child require walking Pick up from Bridgewater Elementary School?

Teacher's Name _____

General comments of parent or guardian would like to make: _____

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Artech Studios Policies and Regulations
Please read carefully and sign where indicated

Artech Studios is a smoke free and peanut free environment.

Participant Behaviour: Participants are expected to conduct themselves in a manner that is respectful of fellow Participants and staff.

Inappropriate or disruptive behaviour may be cause for the immediate dismissal. Inappropriate behaviour includes, but is not limited to: inappropriate language, physical aggression or threats displayed towards another person or equipment. Parents will be held responsible to any additional costs to Studios for dismissal (e.g. taxi or transport home).

Artech does not assume responsibility for the loss or damage of participant's personal belongings. In case of theft, no claim may be made against the camp. Participants are urged not to bring expensive personal items to the studios (e.g. digital cameras, mp3 players, etc.)

Artech Studios and its staff while endeavouring to exercise reasonable care and supervision of participants, assumes no responsibility for any accidents, resulting injuries or damages suffered by the participant.

In case of illness or accident affecting my child, I authorize you to engage such medical personnel or institutions as you may deem necessary and further authorize such medical personnel or institutions to perform those medical procedures, medical or otherwise, which in their opinions are necessary for the proper treatment of my child.

Parents (or Guardians) agree that Artech Studios may use any photograph, video or image in which the participant may be a part of, in whole or in part, for promotional purposes.

I hereby certify that all information given herein is true and inconsideration for the acceptance of my child at Artech Studios. I agree to all the provisions of the agreement.

Signature of Parent or Legal Guardian _____

Please print full name _____

Relationship to child _____ Date _____

Please tell us how you heard about Artech Studios:

Referred by a friend _____

My Friend's Name

Recreation Brochure	___	Parent-Child Guide	___
IB Knowledge Fair	___	Bridgewater Bulletin	___
Lighthouse Log Ad	___	Brochure	___
Artech Website	___	YMCA	___
Newspaper article	___	Radio	___
Other	___	Outdoor signage	___

At school (please tell us which school) _____