



2021 CANO Summer Art Program Basics

- Enrollment for the Summer Art Program begins on June 28th
- Registration is on a first-come, first-served basis. Space is limited
- Payment of a 50% deposit is required upon registration to reserve the space
- Summer Art Program is designed for children between ages 6 and 13 (although we're flexible on this)
- Each week is different, so be sure to register for multiple weeks throughout the summer for an immersive art experience! We will have a variety of artists working throughout the summer to provide a variety of creative art endeavors!

Further Information

- Summer Art Program is from 9 am to 1 pm. CANO does not offer extended care
- Participants who are also registered at the YMCA afternoon program can be escorted to the Y at 12:30
- Attendees must pack a **nut-free** snack every day to eat during a supervised break
- Parent/guardian must sign child into the summer art program and sign out upon pick-up
- Art is messy! Children must wear clothing that can get paint, ink, and other mediums on them. We recommend that children wear closed-toe shoes for their own protection
- Art mediums and materials are included in tuition
- Please contact the Education Coordinator by email at art-education@CANOneonta.com for more information

Medical or Other Needs

It is your responsibility to let our teachers know of any medical or other needs that your child has. CANO is not responsible for the administration of medication, with the exception of an Epipen (provided by parent) in emergency situations. Please fill the *Consent to Treatment* form.

Cancellation Policy

A refund equal to half of tuition paid will be granted for cancellations made two weeks before the registered start date. No refunds will be made for cancellations made less than two weeks prior to that date. Please notify us immediately of any cancellations. Full refunds will only be granted if the program is canceled. Full payment is required prior to participation.

Disciplinary Policy

To ensure that everyone has a safe and enjoyable experience, disruptive or dangerous behavior will not be tolerated. While teachers will make every effort to redirect behavior, parents will be called and asked to pick up their child if problem behavior persists. There will be no refund of class fees if a child must leave due to behavioral issues.



2021 Registration Form

Date : _____

Parent/Guardian Name: _____

Email Address: _____

Phone number: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant Information:

Full Name: _____

Preferred name/Nickname: _____

Participant Age: _____ Date of Birth: _____

Please mark your dates for attending the CANO Summer Art Program:

Week 1 (7/12-7/16) M _____ Tu _____ W _____ Th _____ F _____

Week 2 (7/19-7/23) M _____ Tu _____ W _____ Th _____ F _____

Week 3 (7/26-7/30) M _____ Tu _____ W _____ Th _____ F _____

Week 4 (8/2-8/6) M _____ Tu _____ W _____ Th _____ F _____

Week 5 (8/9-8/13) M _____ Tu _____ W _____ Th _____ F _____

Week 6 (8/16-8/20) M _____ Tu _____ W _____ Th _____ F _____

Number of weeks: _____ x \$150 per week and/or number of days: _____ x \$35 per day

= Amount Due: _____

*50% deposit is required upon registration, balance due prior to starting program



Dismissal

I hereby grant permission to the following person(s) to pick up my child (photo ID required):

Full Name: _____

Relationship: _____

Full Name: _____

Relationship: _____

Signature: _____

Early Dismissal

I hereby grant permission for the early release of my child (e.g. to attend the YMCA)

Early release reason: _____

Signature: _____

***Media Release (Required—please check one)**

Yes, I do No, I do not

...grant permission for my child to be photographed by CANO either individually or as part of a group participating in summer art program activities, including offsite trips. These photographs may or may not be used on various program brochures, posters, postcards, reports, the CANO website, CANO's social media sites, and/or as part of a slide presentation to promote participation and interest in the program.

Signature: _____

***Nut Free Policy (Required)**

I understand that the CANO Summer Program is a nut-free space due to participants' life-threatening allergies. I will pack nut-free snacks only.

Signature: _____

Date of signatures on this page: _____



**Consent for Medical/Surgical Care/Emergency Treatment and
Child's Medical Information In presenting my son/daughter for diagnosis and treatment**

I, _____, Mother Father Legal Guardian
of _____ (Son Daughter), hereby voluntarily consent to
the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood
transfusions, by authorized members of the hospital staff or their designees, as may in their professional
judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the
effect of such examinations or treatment on my child's condition. I have read this form and certify that I
understand its contents.

I hereby give my consent to **CANO**, who will be caring for my child (named above) during his/her
participation in CANO's summer art program, to arrange for routine or emergency medical/dental care
and treatment necessary to preserve the health of my child. I acknowledge that I am responsible for all
reasonable charges in connection with care and treatment rendered during this period.

Family physician: _____

Physician address: _____

Physician phone: _____

Name of health insurance: _____

Child's allergies, if any: _____

Medicines child is taking: _____

Child (if 12 or older) vaccinated for COVID-19? No _____ Yes (dates): _____

Signature: _____ Date: _____

Mother, Father, or Legal Guardian



Minor Participation & COVID-19 Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in the Community Arts Network of Oneonta (CANO's) classes or programs now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in CANO's summer program activities comes with possible risks. I have full knowledge and understanding of possible risks associated with CANO's summer program participation, including but in no way limited to: (1) slips, trips, and falls, (2) injuries from play or participation, and (3) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with CANO's summer program participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing and mask wearing as means of preventing the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in CANO's summer program could increase the risk of contracting COVID-19. CANO** in no way warrants that COVID-19 infection will not occur through participation CANO's summer program

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in **CANO's** programs I, _____, the parent/guardian of the minor named above, and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE CANO**, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against **CANO** on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to participation in **CANO's summer program**, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in **CANO's summer program**, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in **CANO's summer program** participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in **CANO's summer program** and that by signing this agreement I, on behalf of myself and the named minor, **HEREBY RELEASE** Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in **CANO's summer program**.



I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Parent/Guardian Name (Print Clearly) _____

Participant Name (Print Clearly) _____

Parent/Guardian Signature _____ Date _____