

## Vortex Studio Registration & Emergency Contact Form 2025

**Important:** We cannot hold a space until we receive this form. A hard copy can be picked up at Vortex Studio.

### Camper Information

- Child(ren) Name(s): \_\_\_\_\_
- Name on Credit Card (for registration lookup): \_\_\_\_\_
- Week attending & Course Names: \_\_\_\_\_  
Age(s): \_\_\_\_\_
- Preferred Pronoun: \_\_\_\_\_
- Predominant Language Spoken: \_\_\_\_\_
- Will the child need a French-English translator buddy? Yes \_\_\_ No \_\_\_
- Has your child attended Vortex Camp before? Yes \_\_\_ No \_\_\_  
If yes, how many times? \_\_\_\_\_
- Will they be attending with a friend? Yes \_\_\_ No \_\_\_  
If yes, Friend's First & Last Name: \_\_\_\_\_

### Parent/Guardian Information

- Parent/Guardian Name: \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Cell or Work: \_\_\_\_\_

### Emergency Contacts

1. Primary Emergency Contact & Relationship: \_\_\_\_\_
  - Phone: \_\_\_\_\_
2. Secondary Emergency Contact & Relationship: \_\_\_\_\_
  - Phone: \_\_\_\_\_

### Health & Safety Information

- Are there any allergies or medical concerns we should be aware of?  
\_\_\_\_\_
- Are there any learning differences we should know about? (Optional but helpful)  
\_\_\_\_\_
- If yes, please explain: \_\_\_\_\_
- Are there any additional notes about your child we should be aware of?  
\_\_\_\_\_
- In case of an emergency, is there any medication or medical information we should share with an EMT? \_\_\_\_\_

### Pick-Up Authorization

- Would you like to allow another guardian to pick up your child? Yes \_\_\_ No \_\_\_
  - If yes, ID is required upon pick-up, and a pick-up form must be completed.
  - Authorized Person & Relationship to Child: \_\_\_\_\_

### Program & Permissions

- What Program is your child attending? \_\_\_\_\_
- Start Date: \_\_\_\_\_

- Do you allow your child to go on a walk around Wakefield Village with a Vortex camp leader? Yes \_\_\_\_ No \_\_\_\_
- Do you give permission for your child's photo or video to be used in Vortex Studio promotional materials? Yes \_\_\_\_ No \_\_\_\_ Please ask my child \_\_\_\_

### Safety Acknowledgements

- I acknowledge that there is a pond on the Vortex Studio property (903 Riverside Drive). I will notify my child that they are never to go near or enter the pond. Yes \_\_\_\_
- I acknowledge that there is a main road in front of Vortex Studio and a busy parking lot. I will notify my child that they are not to cross the road or play in the parking lot unattended. Yes \_\_\_\_
- If your child comes into contact with a tick, do we have permission to remove it after speaking with you (or leaving a message)? Yes \_\_\_\_ No \_\_\_\_
  - If "No," you must immediately pick up your child. The tick will be kept in a plastic bag for you.
- I understand that Vortex Studio has outdoor spaces. If my child contracts a tick-borne illness, I agree that Stella Mandrak-Pagani, Vortex Studio, and its contractors are not liable. Yes \_\_\_\_

### Liability Waiver

I/We give permission for my child to participate in programs at Vortex Studio (903 Riverside Drive, Wakefield, Quebec) under the supervision of Vortex Studio staff or independent contractors. I/We authorize Stella Mandrak-Pagani and her team to take necessary steps to obtain emergency medical care if required, with any expenses incurred being my/our responsibility.

I/We understand that:

- My child will **only** be released to a listed guardian or authorized pick-up person with ID verification or daily visual recognition from a managing staff.
- Vortex Studio is **not responsible** for false information provided on this form.
- I/We irrevocably release Stella Mandrak-Pagani, her heirs, assigns, and all associated persons from liability related to any incident, injury, or illness sustained during studio, workshop, art, or outdoor activities.
- I/We will **not** make claims against, sue, or attach the property of Vortex Studio or Stella Mandrak-Pagani for any reason.

### Acknowledgment & Signature

- Child's Name: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_