# Birthday Party Registration Form (Adults) To be filled out by party organizer

#### <u>p. 1</u>

**Parking** 

### **Registration and Payment Steps**

- 1. Please fill out this form and send it to us by email (see our email address on www.icreate.ca/parties.php).
- 2. Submit a total fee at least 7 days before the day of the party. The minimum fee is based on 6 participants. Preferred method of payment:
- 3. Distribute COVID-19 Preventive Protocol shown on page 2 to all participants to inform them about our studio's preventive measures.

	ancelled <mark>fo</mark> r a full re cipants less than 7 o					ellations, or reduction of the able to attend due to sickness,
/	number of partic pant age: 18 yrs	ipants Minimum numbe	r of participan	ts: <b>6</b> Minimum r	number of participants: 10	<b>0</b> (including birthday person)
* Party date:	100	* Time:		* Number of part	ticipants (including the bir	thday person(s)*:
* Please	elet us know of the ch	nange in the number of	pa <mark>rticipants</mark> be	fore the start of the part	ty. Please note - the minimum	number of participants is 6.
* Party option Option 1 (2h)	art activities only		\$35.	Fee 40 + HST = <b>\$40</b> per p	person.	Total cost
* All food and drir We provide disp	nk items must be supplie osable plates, utensils, c	es and refreshments/ ed by the party organizer. rups, napkins, and table cov d at the booking pers	erings.	. * /	person (Please ask us if this option is currently o ponsible for setting up the	
* Name, phone	and email of the	person booking the	party:	7/+		*
Name of the b	irthday person(s)	(if different from the	e person boo	king the party)	<b>A</b>	* *
* Pick art them	e (see pictu <mark>re e</mark> xai	mples of the art them	es on our wel	osite)	*	** * *
Still life		Landscape	Abst	ract Garden	Abstract Heart	: Landscape
Notes:		* *	**	* * *	* * * * * * * * * * * * * * * * * * * *	*
* Would you like	e to receive occasio	nal email updates ab	out our progr	ams: YES	S NO	* 4
	<b>ealth issues of pa</b> king the party are		sues related to	o allergies or health o	conditions of party particip	pants.
to all party particity Payments, Cancer A party can be can participants less the Additional particity Safety waiver Registrants's afety injuries, damages such as recesses, participating in the Allergies and here Person(s) booking In case of emerging in the Payments of t	will fully adhere to the pants.  ellations, Refunds neelled for a full refur han 7 days before the pants can be added a y is the iCreate's staff or losses I or particip personal breaks, partice party I booked with alth conditions of the iCreate birthday ency	nd no later than 7 days be party date. Refunds are at per person cost at any highest priority. However the parts I have registered for icipants' drop-offs and party assumes a full resuperty as a full resuperty assumes a full resuperty as a full resuperty a	pefore the party e not applicable time given the er, I acknowlede or iCreate birthd bick-ups and oth hile participatin eponsibility for a	s's date. We do not offer a for non-shows, person availability of space and ge and agree with that if ay party may sustain wher. I hereby accept full g in the party itself or ir any issues related to alle	r refunds for cancellations, or ns unable to attend due to sick d materials - please check wit iCreate owners, landlords, age hile participating in iCreate bi responsibility for any injuries,	th the iCreate staff.  ents and staff are not responsible for rthday party or related activities, damages or losses I or persons the party participants.
* Signature:			* Date:		Clarkson Rd S, Unit 102 lississauga, ON, L5J 2V8	Tim Lakeshore Hotlons Rd W

416.319.6103 info@icreate.ca

## **COVID-19 and Other Respiratory Illnesses Preventive Protocol**

(To be distributed by the party organizer to all birthday party participants)

- All persons entering the studio including birthday party participants and their parents/guardians must wear facial coverings.
- Only party participants and iCreate staff members can remaining in the studio for the duration of the party. Parents/guardians dropping off or picking up their kids are asked to stay outside of the studio.
- The registrant is not allowed to attend the birthday party if he/she exhibits any respiratory illness or COVID-19 symptoms. Please follow <u>Public Health isolation measures</u> if you or any of your household members or close contacts exhibit COVID-19 symptoms.
- We also require from our program participants or their parents to conduct a <u>screening</u> <u>for respiratory illness symptoms prior to coming to the party.</u> If the participant or any of his/her household members are exhibiting any of the symptoms listed below you must not attend the party.

List of symptoms to screen for before coming to the party:

- o Fever or chills
- o Cough
- o Shortness of breath
- o Decreased or loss of taste or smell
- o Runny nose or nasal congestion
- o Headache
- o Extreme fatigue
- o Sore throat
- o Muscle aches or joint pain
- o Gastrointestinal symptoms (such as vomiting or diarrhea)

For a full list of symptoms please see this Government of Canada website

We kindly request a strict adherence to these measures in order to minimize the risk of COVID-19 infections among our registrants and our staff.