



MusiCamp REGISTRATION FORM

Legal last Name _____ First Name _____

Date of Birth (yy/mm/dd) _____ Age _____ Gender _____

Parent/Guardian (First and Last) _____

Address _____

City _____ Postal Code _____ Email _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

OHIP _____

Allergies/Special Requirements _____

List of ALL names who may pick up your child _____

How did you hear about us? _____

Please check the appropriate boxes – *Note: \$25 discount for siblings, additional weeks & referrals. Early Bird Discount of 15% if paid before April 15 2017. Payment instructions at bottom of page.*

Composition and Song: Jul 16-20 \$285 West African Drumming: Aug 13-17 \$350

Payment by e-transfer (arranged via email) Payment by cheque included

Parent/Guardian Permission and Waiver

I, the undersigned, do hereby acknowledge that my child is in good general health and I grant permission for my child to attend full day music camp at MUSICAMP, 11 Cobourg Ave, Toronto, ON, M6H 1H7, and I hereby agree to the following:

- a) Cancellation refund must be requested 2 weeks prior to the start of the camp date and that a fee (20% of the full camp fee) will be subtracted from the refund.
- b) I acknowledge that certain risks of injury are inherent in participation in recreational activities. I agree that MusiCamp and its staff or agents shall not be liable for any injury to my child or loss of damage to my child's property arising from, or in any way resulting from, my child's participation in these activities while attending MusiCamp.
- c) I understand that I am responsible for informing all MusiCamp directors and staff in writing of any medical condition(s) my child has at the time of registration or acquires prior to the camp week which my child is enrolled.
- d) In the event of a medical emergency, I hereby give permission to the physician selected by MusiCamp directors/staff to secure proper medical treatment.

I have read, understood and accept the above conditions of Registration.

Parent/Guardian _____ Date _____

Print Full Legal Name _____

Please make cheques payable to Andrea Kuzmich.
Send payment and the completed registration to:
 MusiCamp c/o Andrea Kuzmich, 11 Cobourg Ave, Toronto ON M6H 1H7 or
MusiCampTO@gmail.com