



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 30 2019. Payment instructions at bottom of page.*

Composition and Song: Jul 15-19 2019 \$285     West African Drum: Aug 22-26 2019 \$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 3 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](mailto:MusiCampTO@gmail.com)*