



GYMC OUTREACH PROGRAM REGISTRATION FORM

PROGRAM: _____ DATE(S): _____

Last Name First Name M or F

Address City Prov Postal Code

Telephone (h)..... Telephone (w)..... Telephone (c).....

Fax Email

Age..... Birthdate (D/M/Y)..... School..... Grade(in or entering).....

Mother's Name..... Father's name

Health Card No..... Doctor's Name

Medical Information (ALLERGIES),

Special Needs (e.g. ADD, gifted, physical needs)

Emergency Contact Telephone

Please find enclosed my registration fee of \$_____

Cheque (payable to: Guelph Youth Music Centre) OR

VISA or MC: Card #..... Exp...../20.....

Signature _____

No refunds after one week before program start date.

Liability/Permission waiver:

In case of injury or accident of any kind at the Guelph Youth Music Centre (GYMC) Outreach Program: _____, neither the GYMC, nor any employee nor volunteer at the GYMC, will be held liable for that occurrence. I hereby release the GYMC, its employees or volunteers from all claims or damage which may arise out of any loss or personal injury to the named participant in this program.

I hereby give the GYMC permission to use any photographs/videos taken of my child in this program in future promotional activities.

Participant's Name _____

Parent or Guardian Signature _____

Date _____