



# GYMC OUTREACH PROGRAM REGISTRATION

Program Name \_\_\_\_\_ Date(s) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_ or F \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (h) \_\_\_\_\_ Phone (c) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_ Birthday (D-M-Y) \_\_-\_\_-\_\_ School \_\_\_\_\_ Grade (in or entering) \_\_\_\_\_

Health Card No \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Medical Information (allergies, etc.) \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**No refunds after one week before the program starts**

#### 4 Methods of Payment

Cheque (payable to GYMC)  VISA  Mastercard  Cash

Name on Credit Card \_\_\_\_\_ Received by \_\_\_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_ / 20 \_\_\_\_ Date Received \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

#### 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.

**Inclement Weather Policy:** The GYMC follows the Upper Grand District School Board with respect to school closures due to inclement weather. The GYMC closes when schools are closed due to snow and bad weather conditions. Please refer to the UGDSB website or the Wellington-Dufferin Transportation Services website for closure information, or listen to Magic 106.1 FM. Please check with your instructors or specific programs for their policy on program cancellations due to inclement weather.

Participant's Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_