

GYMC Outreach Program Registration

Program Name _____ Date(s) _____

Last Name _____ First Name _____ M ____ or F _____

Address _____ City _____ Postal Code _____

Phone (home) _____ (mobile) _____ 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 _____ Mobile Phone _____

Methods of Payment (no refunds after one week before the program starts)

- Cheque (payable to **GYMC**)
 VISA Mastercard Cash

Credit Card Name _____ Received by _____

Card # _____ Exp ____ / 20 _____

Date Received _____

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.

By signing this registration form I consent to email communication from the GYMC which may include but is not limited to reminders, invoices, news and events, and correspondence.

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 _____

