



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.*

- ☐ The Blues: Jul 7-11 \$225 ☐ West African Drumming: Jul 28-Aug 1 \$275
☐ Roots Music: Jul 14-18 \$275 ☐ West African Drumming: Aug18-22 \$275
☐ Composition and Song: Jul 21-25 \$225

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