



GYMC OUTREACH PROGRAM REGISTRATION

Program Name: _____ Date(s): _____

Instrument (if applicable): _____

Full Program: Session 1: Session 2: Session 3:

Last Name: _____ First Name: _____ M: ___ or F: ___

Address: _____ City: _____ Prov: ___ Postal Code: _____

Telephone (h): _____ Telephone (c): _____ Email: _____

Age: ___ Birthday (D-M-Y): ___-___-___ School: _____ Grade (in or entering): ___

Doctor's Name: _____ Doctor's Telephone: _____

Medical Information (allergies, etc.): _____

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

Mother's Name: _____ Telephone: _____ Email: _____

Father's Name: _____ Telephone: _____ Email: _____

Emergency Contact: _____ Telephone: _____

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.

Participant's Name: _____

Parent or Guardian Signature: _____ Date: _____

GUELPH YOUTH MUSIC CENTRE

75 Cardigan Street, Guelph, ON N1H 3Z7 T: 519-837-1119 F: 519-837-1121 Email: info@gymc.ca