



GYMC OUTREACH PROGRAM SCHOOLS REGISTRATION

Program Name: _____ Dates(s): _____

School Name: _____ Telephone: _____ Fax: _____

School Address: _____ City: _____ Postal Code: _____

Contacts Teacher 1: _____ 2 _____ 3 _____

Teacher 1 Email: _____

Teacher 2 Email: _____

Teacher 3 Email: _____

No refunds after one week before the program starts

Number of students attending: _____ X \$ _____ per student = Total Fee \$ _____

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 except at the negligence of the GYMC, its employees or volunteers.

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 any participants in this program from my school.

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

School Name

Signature of Contact Person

Date

GUELPH YOUTH MUSIC CENTRE

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