



GYMC OUTREACH PROGRAM SCHOOLS REGISTRATION FORM

PROGRAM: _____ DATE(S): _____

School: Grade:

Teacher Contact:

School Address City Postal Code

Home Address City Postal Code

Telephone (h)..... Telephone (w)..... Telephone (c).....

Fax Email

Please find enclosed my registration fee of \$ _____

Cheque (payable to: Guelph Youth Music Centre) or

VISA (Name Card #..... Exp.../200....

Signature _____

No refunds after one week before program start date.

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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 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