



**YORK MUSIC CAMP 2018**  
 www.yorkmusiccamp.ca  
 September 20 to 23  
**Application & Information Form**



APPLICANT INFORMATION (please print)

Applicant Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Male \_\_ Female \_\_

Birth Date (DD/MM/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept 2018 \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone# \_\_\_\_\_ Parent E-mail contact: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Cell#: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Cell#: \_\_\_\_\_

Alternate Emergency Contact if Parent/Guardian cannot be reached:

Contact Person: \_\_\_\_\_ Relationship : \_\_\_\_\_ Telephone: \_\_\_\_\_

MEDICAL INFORMATION

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Card No. \_\_\_\_\_

Can your child/ward participate fully in the school excursion? Yes: \_\_\_\_\_ No: \_\_\_\_\_.

If not, please explain: \_\_\_\_\_

Please list any significant medical conditions (including allergies), physical limitations or any other concerns which might affect your child/ward's full participation in the excursion, and give details of usual treatment.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permission to administer Tylenol? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last tetanus shot? \_\_\_\_\_

Dietary Restrictions

Please list any foods the student should not eat for medical, dietary or religious reasons. If foods are life-threatening, explain the symptoms and the treatment:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for our child/ward. We understand that any cost will be our responsibility. We also understand that in the event of illness or accident, we will be notified as soon as possible.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Parent

\_\_\_\_\_  
 Parent/ Guardian Signature

I give permission to York Music Camp to use my child's photo or video image in promotional or archival material.

\_\_\_\_\_  
Parent/Guardian Signature

The signature below indicates and understanding and agreement with York Music Camp's Camper Policy as stated on the reverse of the Cover Letter.

\_\_\_\_\_  
Parent/Guardian Signature

**PAYMENT:**

Please see your music teacher for payment of \$393 through the School Cash Online.

**PERMISSION:**

Your signature(s) below acknowledges that you give final agreement for your son/daughter to take part in York Music Camp at Wahanowin Sports and Arts Centre from September 20 to 23, 2018.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

**TRANSPORTATION INFORMATION**

All campers are encouraged to drive home with parents following the YMC Concert and BBQ on Sunday, September 23 beginning at 11:30 am at Camp Wahanowin. A return bus from camp is available only for students who are unable to get a ride with parents. The price of the return bus will be \$40. Students should speak to their music teachers for information regarding the return bus option.

**Please indicate how your son/daughter will be returning home.**

\_\_\_\_ By car with parent/guardian      \_\_\_\_ Bus (\$40 fee)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_ By car with someone other the parent/guardian (Please indicate driver and sign below)

I hereby authorize the teachers and administrators of York Music Camp to permit my son/daughter named above to leave Camp Wahanowin with the following person. I understand that in signing this consent I am accepting full responsibility for the safe return of my son/daughter to their home.

Name of Driver: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**MUSIC INFORMATION**

**Please indicate if you intend participate in a band or choir as your major ensemble.**

\_\_\_\_ **Band Major** Instrument: \_\_\_\_\_ School \_\_\_\_\_ # \_\_\_\_\_

Own My Own \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Serial # \_\_\_\_\_

**OR**

\_\_\_\_ **Choir Major** (circle one)      S      A      T      B

**ELECTIVE INFORMATION**

All campers are required to participate in at least one elective. Please circle your choice.

Jazz Choir      Vocal Ensemble      Jazz Band      Brass Ensemble      Woodwind Ensemble

Arts & Crafts      Land Sports      Archery      Rope Course      Golf      Basketball Volleyball