



YORK MUSIC CAMP 2019
 www.yorkmusiccamp.ca
 September 19 to 22
Application & Information Form



APPLICANT INFORMATION (please print)

Applicant Last Name: _____ First Name _____ Male __ Female __

Birth Date (DD/MM/YY): _____ / _____ / _____ Grade as of Sept 2019 _____

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