



**TORONTO
Faculty of
MUSIC**

3820 Bloor Street West
Toronto, Ontario M9B
1K8416-231-4424

MUSIC THEATRE DAY CAMP March Break

Camper's Last Name _____ Camper's First Name _____

Parent/Guardian's Last Name _____ Parent/Guardian's First Name _____

Home Phone _____ Bus Phone _____ Cell Phone _____

Address _____ City _____ PC _____

Emergency Contact Name _____ E-Mail _____

Relationship to Camper _____ Phone# _____

Date of Birth MM/DD/YY _____ Male Female (please circle)

Medical Information - Health Card #(OHIP) for emergency use only! _____

Regular Medications _____ Allergies _____

Does your child have any other special medical or behavioral needs? _____

Hours 9:00AM – 3:30 PM

Extended Hours 7:45-9:00 AM \$5.00/child/ hour
3:30-5:30 PM \$5.00/child/hour

Cost \$275.00 + Extended _____ = Total _____

Payment Method Cash Cheque Amex Mastercard Visa

Card# _____ Exp Date _____ CVV _____

Signature of Card Holder _____ Name of Card Holder _____

Waiver and Consent: I recognize the risk of injury or potential health risk may be involved in participation in the above named program. I hereby assume such risk of injury or health risk for the above named camper for whom I am in law responsible and assume full responsibility during and after their participation in the program. The Toronto Faculty of Music cannot be responsible for risk willingly assumed and therefore hereby release and forever discharge the Toronto Faculty of Music for all actions, damage, claims and demands whatsoever arising by reason of participation in the program or any of its associated activities. I have read, understood and agree to the contents of this consent in its entirety.

Signature of Parent/Guardian _____