



SUMMER CAMP Registration Form



NAME: _____

AGE: _____

PARENT/GUARDIAN (If Applies): _____

PHONE: _____

WORK/CELL: _____

EMAIL ADDRESS: _____

BILLING ADDRESS:

Name, Address _____

Postal Code _____

List camp(s) & date(s) registering for:

Payment Name: _____

PAYMENT: click button to indicate you have paid with online registration:

DATE PAID: _____

AMOUNT: _____

How did you hear about us?

REGISTRATION POLICIES:

*Payment will be taken upon registration. Camps must fill the minimum required amount of participants or we may be unable to offer the camp at the currently set prices. If a camp you are interested in does not meet these requirements, DCM may be able to offer the camp at a different rate or length depending on the circumstance, or we may issue a refund. We require a **1-week notice for cancellations of camps (we must get written notice to info@deepcovemusic.com by Sunday 11:59pm the week before the registered camp)**, all other changes are not eligible for refund. DCM reserves the right to refuse refunds for partial attendance of classes. **COVID-19 Cancellations:** If you are not able to attend the program due to sickness, as long as you cancel prior to the start of the first day of class to info@deepcovemusic.com, a full refund will be provided.*

PARTICIPATION DISCLAIMER:

Although DCM has implemented a COVID-19 Safety Plan and related health and safety measures, COVID-19 is a highly infectious disease, and there is an inherent risk of exposure in any place where people are gathered in groups of any size, and this risk cannot be eliminated. Notwithstanding DCM's COVID-19 Safety Plan and related health and safety measures, by participating in any DCM program, participants accept the risk that they may be exposed to, and contract COVID-19.

SIGNATURE

DEEP COVE MUSIC PERSONNEL

DATE



EMERGENCY - CONSENT CARD



- Save this form to your computer, complete the form then save it to your PC
- Bring two copies of the first page on the first day or email it in to info@deepcovemusic.com

FIRST NAME LAST NAME GENDER BIRTHDATE

ADDRESS

PARENT / GUARDIAN NAME HOME# WORK# CELL#

PARENT / GUARDIAN NAME HOME# WORK# CELL#

ALTERNATE EMERGENCY CONTACT TEL

CHILD'S DOCTOR TEL

IS YOUR CHILD UP TO DATE ON HIS/HER IMMUNIZATIONS?

ALLERGIES / MEDICATIONS

MEDICAL CONDITIONS

CHILD'S DENTIST TEL

CONSENT FORM

FOR MY CHILD PROVINCIAL HEALTH # / INSURANCE PROVIDER

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency centre.

I authorize the staff or person(s) in charge of my child's program to call a physician; take my child to the nearest emergency centre; or summon an ambulance for emergency medical aid, should, in the opinion of the person(s) in attendance, feel such services are required and I cannot be contacted by phone. If such emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

DATE

Signature of Parent/Guardian

PLEASE NOTE:

It is the responsibility of the parent to update emergency information. Please advise staff of any changes.



Please Note:

- Please give this form to your camp leader before leaving your child in our care.
- All information on this form is confidential.
- Please contact our Camp Coordinator if you have any questions about this form or the camp your child is registered in.

Please type or print clearly. Please complete this form in full.

PERSONAL INFORMATION (REQUIRED)

Date

CHILD'S NAME

FIRST

LAST

BIRTHDATE

HOME #

HOME ADDRESS

GETTING TO KNOW YOUR CHILD

Please use this section to share with us any information that would help the leaders connect with and support your child.
(For example: best friend has moved, has trouble sleeping, change of custody.)

COMMENTS

CHILDREN REQUIRING EXTRA SUPPORT

- I am aware that if my child needs extra support and / or requires additional support at school, I am required to email info@deepcovemusic.com or info@musart.ca at the time of registration.

MEDICATIONS

- I am aware that if my child brings medication to camp, I am required to contact the Camp Coordinator in advance of camp. This includes: epi-pens, in-haler or other medication.

Please note: All medications must be accompanied by a signed "permission to administer medication" form.



DEEP COVE MUSIC



CHILD'S NAME

FIRST

LAST

PERMISSION FOR PICKUPS

PICK-UP POLICIES

When you sign your child in, note on the sign-in form who will be picking your child up from the program and provide their phone number.

If your child is not picked up on time, we will call the people listed below, until we reach someone who is able to pick up your child. Please note we will not release your child to any person(s) for whom we do not have verbal or written permission.

SAFE RELEASE OF CHILDREN

In order to ensure a safe arrival and departure for children in our camps and to facilitate sharing of information, we require that all children be **signed in and out by a parent/guardian at the beginning and at the end of every day.**

MY CHILD MAY BE RELEASED BY THE FOLLOWING PEOPLE. PLEASE LIST YOURSELF AND TWO ALTERNATES (FRIENDS OR FAMILY MEMBERS)

PARENT/GUARDIAN

HOME #

WORK #

CELL #

ALTERNATE 1

RELATIONSHIP TO CHILD

HOME #

WORK #

CELL #

ALTERNATE 2

RELATIONSHIP TO CHILD

HOME #

WORK #

CELL #

PERMISSION FOR OUTTRIPS

By checking this box, I hereby give consent to the staff of Musart and DCM to take my child on outings using the following mode of transportation:

WALKING

PCSS VEHICLE

CHARTER BUS

PUBLIC TRANSIT

PERMISSION FOR SUNSCREEN APPLICATION

By checking this box, I hereby give consent to the staff of Deep Cove Music & Musart to apply sunscreen to the exposed areas of my child's skin should they require assistance.

I (Full Name) have completed the daycamp parental consent form on behalf of my child,

listed above, and understand that I give consent by ticking above boxes in lieu of signature, on this date

Signature of Parent/Guardian *



PHOTOGRAPH RELEASE

I give permission for my child to be photographed and/or videoed by Musart Cultural Society or DCM for use in online promotional materials including website content and/or social media and/or in printed promotional materials such as brochures or other promotional material.

By making this application and participating in the Musart Cultural Society and DCM programs the applicant, on behalf of the applicant or the applicant’s child, expressly releases Musart Cultural Society and DCM programs from all claims arising out of the use of a photograph or video, including claims for invasion of privacy.

Musart Cultural Society and DCM programs complies with the Personal Information Protection Act (PIPA) and the Privacy Information and Electronic Documents Act (PIPEDA). Information collected on this form is used in the normal course of communication in accordance with these legislations. If you have any questions about the collection or use of this information, contact our owner Tyler at 604-789-6789

Any unauthorized copying, disclosure or distribution of the information for the above purposes is strictly prohibited.

Name of Child

NAME OF PARENT / GUARDIAN

ADDRESS

PHONE NUMBER

Signature of Parent/Guardian *

DATE

ADDITIONAL CAMP QUESTIONS

Please list all other available weeks in case another week seems more suitable for your age, ability and number of registrants

Week 1: July 7-11, 2025

Week 4: July 28-Aug 1, 2025

Week 7: Aug 18-22, 2025

Week 2: July 14-18, 2025

Week 5: Aug 5 - 8, 2025 4 DAY

Week 8: Aug 25-29, 2025

Week 3: July 21-25, 2025

Week 6: Aug 11-15, 2025

Do you have any friends that may be interested in joining you at camp?

BAND FACTORY JAM CAMP:

What Instruments (s) can you play?

How many years of experience do you have? What Level are you?