



# ISLAND ROCK CAMP

## Registration Form

### PARTICIPANT INFORMATION

### CAMP DATES:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

M  F

Age: \_\_\_\_\_

School: \_\_\_\_\_

Instrument(s)/playing experience (ie: piano, 4 years private instruction; guitar, 1 year school instruction)

Main instrument(s) and experience: \_\_\_\_\_

Secondary instrument(s) and experience (if applicable): \_\_\_\_\_

If guitar, bass, or wind instruments (trumpet, etc) are listed, does the student have access to an instrument of their own? (*pianos/drums will be provided at the camp*)

Yes  No  N/A

Please note: Registration is given on a first-come, first-serve basis. However, preference may be given due to instrumentation needs.

### MAIN CONTACT (PARENT/LEGAL GUARDIAN)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### CODE OF CONDUCT

Safety and respect of others, as well as school property, is of utmost importance. Each registrant must learn and follow camp rules at all times. I hereby agree that any behavior of the registrant that places him/herself, others, or school property in danger may result in dismissal. If dismissed from the camp, I agree to cover any expenses arising from damage to property or others. Registrants are responsible for all personal belongings and the camp is in no way responsible for lost or stolen items.

I have read and understand the Code of Conduct.

Signature: \_\_\_\_\_

## HEALTH INFORMATION

Does your child have any allergies or medical conditions that we should be aware of?  Yes  No

If yes, please take a moment to explain: \_\_\_\_\_

Does your child currently take any medication?  Yes  No

If so, specify: \_\_\_\_\_

## LUNCHES

Lunch will not be provided and students are asked to bring their own snack and/or lunch, although snacks may be occasionally provided. Students will not be permitted to leave the school during lunch time. Please remember that we are in a peanut-free zone and peanuts or products containing peanuts will not be permitted.

## PHOTO CONSENT

In order to promote this camp in the following summers, we would like to, on occasion, photograph the groups while they are performing/practicing. Please sign below if you give permission for your child to be included in group photos that may be used for promotional purposes in the future.

Yes, I give permission

Signature: \_\_\_\_\_

## PAYMENT

The registration cost of \$300.00 may be paid by cheque, cash, or e-transfer and must be received in full by June 21st. Cheques are to be made to Island Rock Camps and are non-refundable, except in the event of cancellation. Program is subject to cancellation due to low enrolment or other unforeseen circumstances.

## AGREEMENT

By signing below, I (legal parent/guardian) acknowledge that I have read and understand all of the above information.

Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Please feel free to contact Nicole Waite at:  
islandrockcamps@gmail.com  
(902) 393-7337  
with any further questions.

