

Summer Youth Intensive

Youth in grades 9 to 12

Week 1: July 7 to July 12, 2014, 9:30 a.m. to 5 p.m.

Week 2: July 14 to July 19, 2014, 9:30 a.m. to 5 p.m.

Please print clearly and complete a separate form for each child.

PARTICIPANT INFORMATION

Participant's First Name: _____ Participant's Last Name: _____

Birthday (dd/mm/yyyy): ____ / ____ / ____ Participant's E-mail: _____

We will email information to both parents and participants.

Address: _____ City: _____ Postal Code: _____

Participant is registering for: Has participant attended Summer Youth Intensive before? Yes No
If yes, what year(s)? _____

- Week 1: July 7 to 12, 2014
 - Week 2: July 14 to 19, 2014
 - Week 1 and 2
- What other COC education and outreach programs has participant attended?
 After School Opera Program Youth Opera Lab
 Other: _____

Which electives will participant be most interested in signing up for?

- Vocal I: Technique
- Vocal II: Dramatic Interpretation
- Design
- Stage Combat
- Production Design
- Drama
- Special Small Group Scene and Solo Work

Please list any food and/or drug allergies, medical concerns or conditions that our staff should be aware of: _____

Is your child anaphylactic? Yes No

If yes, do they carry an Epi-pen? Yes No

If yes, are they trained to administer it to themselves? Yes No

RELEASE INFORMATION / EMERGENCY CONTACT

My child may sign themselves out and leave on their own at the end of the program. Yes No

In the interest of safety, your child will only be released to the individuals indicated on this form. **Please ensure that you list all of the people who are authorized to pick up your child.** Any person picking up a child will be asked for government-issued photo I.D. (i.e. driver's license or passport).

Please note that any person listed below also has the authority to have my child released into their custody and/or to be contacted in case of an emergency. **Please list contacts in order of preference in the event of an emergency.**

	First Name	Last Name	Phone Number
Contact 1			
Contact 2			
Contact 3			
Contact 4			

Any changes to the designated pick-up persons must be made in advance with the program co-ordinator.

PHOTO PERMISSION AND MEDICAL RELEASE

Privacy Statement and Photography Release:

The Canadian Opera Company (COC) takes the issue of privacy seriously. The COC follows responsible information-handling practices, in keeping with privacy laws. We collect and use personal data pertaining to education and outreach programs to ensure the safety of participants, for statistical purposes, and to inform you about the education and outreach programs for which your child is registered. You may also receive periodic mailings from us with information about other education and outreach programs that may be of interest to you.

Any photographs or video taken of you/your child while participating in education and outreach programs by an employee or representative of the COC will become property of the COC and may be used for various promotional purposes without remuneration to, or benefit of, the child or family. If you or your family wishes otherwise, please inform education and outreach before the start of the program.

Must select "yes" or "no": Yes No

Medical Treatment Authorization:

I give permission to the COC to arrange emergency medical care including hospitalization/transportation, if necessary. Participants in education and outreach programs are responsible for their own medical coverage. I hereby release the COC from all liability and claims arising in relation to any matter including personal injury or damage to/loss of property that occurs from participation in any education and outreach activity. I hereby indemnify the COC from and against such claims.

Must select "yes" or "no": Yes No

I have read, understood and accept the terms and conditions on this form. By registering my child, I agree to these terms as well as the further policies outlined at coc.ca/Explore.

Primary Parent/Guardian Full Name: _____

E-mail: _____

Primary Phone: _____ Alternate Phone: _____

Secondary Parent/Guardian Full Name: _____

E-mail: _____

Primary Phone: _____ Alternate Phone: _____

How did you hear about us?

- From a friend
 WholeNote
 Website
 Radio
 Flyer
 e-Flyer
 House Program/*Prelude* Magazine
 Social Media (Facebook or Twitter)
 Other: _____

PAYMENT

Method of Payment: Visa Mastercard Amex Cash Cheque payable to "Canadian Opera Company"

Credit Card #: _____ Expiration Date (mm/yy): ____ / ____

Cardholder Name: _____ Signature: _____

For office use only:
 Patron #: