

After School Opera Program 2012/2013

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

PARTICIPANT INFORMATION

Child's First Name: _____ Child's Last Name: _____

Gender: Male Female

Birthday (dd/mm/yyyy): ____ / ____ / ____

Address: _____ City: _____ Postal Code: _____

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

If your child is anaphylactic or requires medication, please complete the Health and Safety Form available for download at coc.ca/ProgramInformation.

RELEASE INFORMATION

Indicate ONE preferred release type:

My child will be picked up at the end of the program by an individual listed below.

My child may sign themselves out and leave on their own at the end of the program.

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. 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.

Parent/Guardian Full Name: _____ E-mail: _____

Primary Phone: _____ Alternate Phone: _____

How did you hear about us (please circle)? From a friend; Website; House Program/*Prelude* Magazine;

WholeNote; Social Media (Facebook or Twitter); Flyer; Radio; Other, please specify: _____

PROGRAM SELECTION AND PAYMENT

*The fall term is open to all students. Registration starts September 10. Due to the overwhelming popularity of the program there are limitations on enrolment for the winter and spring terms. To ensure that ALL children get a chance to participate, a student can register for one of the three sessions. The same child may be put on a waiting list for the other sessions. Children who have not participated in the program will get priority over those who have already participated.

Selection	Period	Program Name	Age Group	Amount
<input type="checkbox"/>	October 4 - December 4, 2012	Fall After School Opera Program	7 - 12	\$ 15
<input type="checkbox"/>	January 10 - March 7, 2013	Winter After School Opera Program	7 - 12	\$ 15
<input type="checkbox"/>	April 11 - June 6, 2013	Spring After School Opera Program	7 - 12	\$ 15
		*Waitlist: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	7 - 12	\$ 0**
Total Amount				\$ 15

**Registration fee due upon admittance into program

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

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

Cardholder Name: _____ Signature: _____