



1967 – 2019 Celebrating Over 50 Years

#204 – 580 Duncan Ave., Courtenay, BC V9N 2M7

Main office: 250-338-7463

registrar@cymc.ca www.cymc.ca

CYMC Guitar Workshop Registration

Program runs July 7 through July 13, 2019

Student Name: _____

Last Name

First Name

Middle Initial

Parent/Guardian Name(s): 1. _____

(for students under 19)

2. _____

Address:

Number

Street

City

Province/State

Postal Code/Zip

Country

Home phone(s): 1. _____ 2. _____

Cell (parent/guardian): 1. _____ 2. _____ (student) 3. _____

Email address parent/guardian: 1. _____

I consent to receiving email communications and the occasional newsletter from CYMC: Yes No

Email address parent/guardian: 2. _____

I consent to receiving email communications and the occasional newsletter from CYMC: Yes No

Email address student: 3. _____

I consent to receiving email communications and the occasional newsletter from CYMC: Yes No

Birthdate (mo/day/yr): _____ Age in July, 2019: _____ Gender: _____

Years of playing guitar? _____

HEALTH AND PERMISSIONS 2019

Name of student (please print): _____

If parents/guardians are unreachable in an emergency, please notify:

Name: _____

Address: _____

Best phone to reach them (_____) _____ Home Cell Work

Other phones: (_____) _____ Home Cell Work

Email: _____ Relationship to student: _____

Please state any areas of concern: _____

Any special food requirements: _____

Present medication and/or treatment: _____

Please list any allergies: _____

Please list any operations, injuries or hospitalizations that may be relevant: _____

Name of student's physician: _____

Phone of physician: (_____) _____ Medical plan name _____

Other medical plan: _____ ID number if applicable: _____

BC Care Card number: _____ Parent/Guardian name (if under 19): _____

Signature of Parent/Guardian if student is under 19: _____

Parent/Guardian authorization: This health history is accurate to the best of my knowledge and the person herein described has my permission to engage in all planned CYMC activities, except as noted by the examining physician and me. In the event that neither I nor the emergency contact described above can be reached in an EMERGENCY, I hereby give permission to the health care provider selected by the CYMC administration to hospitalize, provide proper treatment for and order injections as necessary.

PERMISSIONS for Students under 19

Does student have permission to be transported by certified CYMC volunteers or staff for CYMC activities? Yes No

Does student have permission to swim on beaches with no lifeguard on duty but with councilor and/or volunteer supervision? Yes No

Permission for students to be given over the counter medication if requested (i.e. Tylenol) Yes No

Does the student have permission to ride in a car driven by someone other than staff or approved volunteer (e.g.: other students/friend's car)? Yes No

Does the student have permission to leave CYMC facilities with anyone other than his/her own parents/guardians? For example: grandparents, relatives, family friend? Yes No

If yes, please provide name(s) and phone numbers: _____

Does the student have permission to go offsite by themselves if they wish to go for a walk? Yes No

Signature of parent/guardian: _____

PHOTO AND AUDIO RELEASE 2019

Student Name: _____

We at CYMC delight in the sights and sounds of our summer students as they practice and perform. Throughout the season, we will be documenting these sights and sounds through photographs, video footage and audio recordings, many of which will be made available to the students and public.

I hereby give the CYMC photographer, sound engineer and assignees, my permission to license the images and sound recordings in any media and for any purpose (except defamatory) which may include, among others; advertising, promotion, marketing, and packaging for any product or service. I agree that the images and sound recordings may be combined with other images, text and graphics. They may be cropped altered or modified.

I agree that I have no rights to the images or sound recordings and all rights to the images belong to the CYMC photographer, sound engineer and assignees. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to the photographer, CYMC or the assignees. I agree that this release is binding upon my heirs and assignees. I agree that this release is irrevocable, worldwide and perpetual and will be governed by the laws of the Province of British Columbia, Canada.

Definitions:

“Media” means all media including digital, electronic, print, television, film and other media now known or to be invented. “Photographer” means photographer, illustrator, filmmaker or cinematographer, sound engineer or any other person or entity photographing or recording me.

“Assignees” means a person or any company which a photographer or CYMC has assigned or licensed rights under this release as well as the licensees of any such person or company.

“Images” means all photographs, film or recording taken of me as part of the season.

“Consideration” means something of value I have received in exchange for the rights granted by me in this release.

Dated: _____ Name of Applicant: _____

Signature : _____

(Signature of student, or signature of Parent/Guardian is required for an applicant under 19 years)

RELEASE & WAIVER

In consideration of CYMC accepting this application I, for myself, my heirs, executors, administrators and assignees release CYMC its respective servants, agents or employees from any demands, damages, and actions or causes of action arising out of or in consequence of any loss, injury or damage to my person or property incurred during my residency in Resident Dorms, and while attending at or participating in a CYMC music course or any other CYMC sanctioned activity, including off-campus activities and travel to and from same, notwithstanding any such loss of injury or damage may have arisen by reason of the negligence of CYMC, its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decision of CYMC.

Dated: _____ Name of Applicant: _____

Signature : _____

(Signature of Student or signature of Parent/Guardian is required for an applicant under 19 years)

LIABILITY & RESPONSIBILITY

I, parent/guardian or student if 19 years or older _____ accept full financial responsibility for any actions intentional or otherwise that _____ (student name) may have committed to cause damage to any facility across the entire CYMC campus; including but not limited to Mark R Isfeld, Valley View Elementary, école Au-cœur-de-l’île and Sid Williams Theatre while attending CYMC.

Dated: _____ Name of Applicant: _____

Signature : _____

(Signature of Student or signature of Parent/Guardian is required for an applicant under 19 years)

INDEMNIFICATION

If the applicant is under the age of 19 this indemnification must be signed by a parent or guardian.

In consideration of CYMC accepting the attached application, I, _____, parent/guardian of _____ agree to indemnify CYMC, its servants, agents or employees from any claims or demands which might be made against CYMC arising out of or in consequence of _____ being a resident in Resident Dorms, or attending at or participating in a CYMC music course or any other CYMC sanctioned activity including, but not limited to, off-campus activities and travel to and from same.

Dated: _____ Signature of parent/guardian: _____

Student Name: _____

Registration Checklist: Registration form (completed)
Payment (full payment or \$90 deposit if before registration deadline)

Email to: registrar@cymc.ca , post or personally deliver your completed forms to CYMC, #204 – 580 Duncan Ave., Courtenay, BC V9N 2M7

Have you attended CYMC before? Yes No

How did you find out about CYMC?

1. Teacher/School
2. Poster
3. Festival
4. Internet/Website
5. Friend/Family
6. Faculty
7. Other

Is there anything else you would like to tell us?
