



1967 – 2020 Celebrating Over 50 Years

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

Main office: 250-338-7463

[registrar@cymc.ca](mailto:registrar@cymc.ca) [www.cymc.ca](http://www.cymc.ca)

# CYMC Island Jazz Intensive Registration

Program runs July 12 through July 18, 2020

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, 2020: \_\_\_\_\_ Gender: \_\_\_\_\_

Instrument(s): \_\_\_\_\_ Years of study? \_\_\_\_\_

*Be specific, i.e. Saxophone: alto, tenor, or baritone*

**Tuition and Fee Calculator**

<b>2020 Island Jazz Program Fees</b>	
<b>Tuition:</b> \$500	\$ <u>500.00</u>
<b>Overnight Camper Fees:</b> <i>includes accommodation, all meals and snacks, activities, and transportation to and from activities and events.</i> \$450	+\$ _____
<b>Day Camper Fees (Optional - for those not staying overnight):</b> <i>Includes transportation to activities, rehearsals and performances, and entrance fees to activities and CYMC concerts. (Does not include drop off and pick up at the beginning and end of the day)</i> \$30	+\$ _____
Meals (off-campus students only) – optional 7 lunches & dinners in total. If you do not want all lunches and dinners, please attach a note for which dates you want them for.  Lunches: \$12 each x ____ (days) = \$ _____ Dinners: \$15 each x ____ (days) = \$ _____	+\$ _____ +\$ _____
<b>Total Fees:</b>	\$ _____
<b>Early Bird Discounts</b> – for tuition and camp fees received and paid in full on or before April 15, 2020 -\$50 <b>Sibling Discount</b> - \$50 discount for each additional child registered in any program. (provide name of sibling(s) & program(s) registering in: _____ _____	-\$ _____ -\$ _____
<b>T-shirt and CYMC Membership until Dec. 31, 2020 included in registration fees.</b> <b>Please indicate size:</b> T-Shirt Adult Unisex Size: S M L XL XXL T-Shirt Youth Size: XS S M L	
<i>(Total fees minus discounts)</i> <b>Total Amount Due:</b>	\$ _____
<b>Please indicate how you will be paying:</b> INTERAC ( <i>preferred method</i> ) email payment to <a href="mailto:registrar@cymc.ca">registrar@cymc.ca</a> and email security question answer in a separate email also to <a href="mailto:registrar@cymc.ca">registrar@cymc.ca</a> Please include the full name of student and detail of what you are paying for with email (i.e. full payment, deposit, etc. to ensure we credit your account properly) Cheque make payable to: CYMC                      Credit Card:                      Visa                      Mastercard I am paying by Paypal: <a href="#">click here</a> , or find the link on our website at <a href="http://www.cymc.ca">www.cymc.ca</a>	
Credit card number: _____ Name on card: _____	
Amount to charge at time of registration: \$ _____	Expiration date: _____ month/year
Signature: _____	
<b>REGISTRATION DEADLINE: June 1, 2020</b> <b>A minimum, non-refundable tuition deposit of \$90 is due at time of registration, and full payment is due by June 1, 2020</b>	
<b>REFUND POLICY:</b> Refunds will be issued <i>up to</i> registration deadline. <i>From June 1, 2019 no refunds will be issued for withdrawal.</i> No deductions or refunds will be made for late arrival or early departure, or for expulsion for disciplinary reasons. Any and all refunds are subject to a 10% of tuition administration fee.	

# HEALTH AND PERMISSIONS 2020

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 2020**

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](mailto: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?

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