



2011 FALL ARTS WORKSHOPS REGISTRATION FORM

Please complete the registration form below to apply for Horizon Arts Camp's 2011 Fall Arts Workshops.
PLEASE PRINT CLEARLY AND COMPLETE THE FORM IN FULL.

CHILD INFORMATION		
Child's First Name:		Child's Last Name:
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
Address:		Suite/Apt. #:
City:	Province:	Postal Code:
Home Phone #:	Name of School:	Current Grade:

PARENT/GUARDIAN #1 INFORMATION		
First Name:		Last Name:
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		
Address:		Suite/Apt. #:
City:	Province:	Postal Code:
Home Phone #:	Cell Phone #:	Work Phone #:
Email Address:		

PARENT/GUARDIAN #2 INFORMATION		
First Name:		Last Name:
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		
Address:		Suite/Apt. #:
City:	Province:	Postal Code:
Home Phone #:	Cell Phone #:	Work Phone #:
Email Address:		

PROGRAM INFORMATION	
I would like to register my child for the following program(s) - Please check all that apply:	
<input type="checkbox"/> Theatre, On-Camera Acting (gr. 7-10) – October 22 & 29	<input type="checkbox"/> Theatre, Audition Technique (gr. 7-10) – November 12
<input type="checkbox"/> Musical Theatre, Vocal Performance (gr. 6-9) – October 23 & 30	<input type="checkbox"/> Dance, Jazz (grades 1-3) – Workshop #1 – October 30 & November 6
<input type="checkbox"/> Dance, Jazz (grades 1-3) – Workshop #2 – November 13 & 20	<input type="checkbox"/> Dance, Jazz (grades 1-3) – Workshop #3 – November 27 & December 4
<input type="checkbox"/> Dance, Hip Hop Fusion (grades 4-6) – Workshop #1 – October 30 & November 6	
<input type="checkbox"/> Dance, Hip Hop Fusion (grades 4-6) – Workshop #2 – November 13 & 20	
<input type="checkbox"/> Dance, Hip Hop Fusions (grades 4-6) – Workshop #3 – November 27 & December 4	
<input type="checkbox"/> Dance, Hip Hop Fusion (grades 7-10) – Workshop #1 – October 30 & November 6	
<input type="checkbox"/> Dance, Hip Hop Fusion (grades 7-10) – Workshop #2 – November 13 & 20	
<input type="checkbox"/> Dance, Hip Hop Fusions (grades 7-10) – Workshop #3 – November 27 & December 4	

MEDICAL INFORMATION

Health Card Number:

Does your child have any life threatening allergies: No Yes

If YES please explain:

Does your child have any medical concerns: No Yes

If YES, please explain:

AUTHORIZED PICK-UP INFORMATION

Please list all the individuals who have permission to pick up your child from their arts workshop. Please note that any persons not on the list will NOT be authorized to pick up your child. Attach additional sheets if necessary.

First & Last Name	Relationship to Child	Primary Contact Phone Number

 My child has permission to leave the arts workshop unattended by an adult. (Check if this applies)
EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT)

First Name:	Last Name:
Relationship to Child:	Home Phone #:
Cell Phone #:	Work Phone #:

IN SUBMITTING THIS REGISTRATION, I AGREE TO THE FOLLOWING:

- That Horizon Arts Camp reserves the right to photograph and/or videotape all arts programs and use the images for promotional purposes, unless notified by the parent/guardian in writing on or before the first day of the program.
- That I understand that I will not receive a refund for any days my child is absent from the program.
- That Horizon Arts Camp reserves the right to terminate the registration of any child if, in the camp's discretion, it is determined that such termination is to be in the best interest of the child or the program.
- That my child is in good health and is able to participate in physically demanding activities related to their arts workshop.
- That I give permission for my child's health information to be shared with the workshop instructors and outside medical personnel as necessary. If the parent or emergency contact can not be reached, permission is hereby given to H.A.C. and/or the workshop instructor to take whatever steps they deem necessary to ensure the safety and health of my child.
- That the information in the child's registration is true and correct.
- That I am the legal guardian/parent of the child registering and I am authorized to submit this application form for this child.

In signing this form, you are ensuring that all answers are completed to the best of your knowledge. Please note that incomplete forms may not be processed and forms are reviewed on a first come first served based.

 Signature of Parent/Guardian

 Date

Forms may be faxed to: (416) 544-9229 or emailed to: camp@horizonartscamp.org or mailed to: Horizon Arts Camp, 124 Merton St. Suite 403, Toronto, ON M4S 2Z2