

Celina's String Studio
Application Form 2024
Summer Music & Stepdance Camp
Hours: 9:00am-4:00pm Daily

Location: Trinity Lutheran Church – 746 Colborne Street, London
www.celinasstringstudio.com info@celinasstringstudio.com 416-402-1642 (text)

Please fill out to Register for Summer Camps 2024

Camper Details:

Name: _____

Date of Birth: _____ Age: _____

Address: _____

Gender: *Female* *Male* *Prefer Not to Say*

Primary Language Spoken: _____

Preferred Instruments: **Fiddle Ukulele Guitar Piano Singing** (pick 2)

Any previous Stepdance experience? **YES/NO** How many years?: _____

Please list camper's musical and Stepdance background: _____

Parent/Guardian Details:

Parent/Guardian Name (1): _____ Relation: _____

Primary Email: _____ Phone Number: _____

Parent/Guardian Name (2): _____ Relation: _____

Primary Email: _____ Phone Number: _____

If different from above:

Emergency Contact (1): _____ Phone Number: _____

Emergency Contact (2): _____ Phone Number: _____

Preferred Sessions:

___ Session 1 July 2-5 2024 - \$200.00 ___ Session 3 August 12-16 2024 - \$250.00

___ Session 2 July 15-19 2024 - \$250.00 ___ Session 4 August 26-30 2024 - \$250.00

Choose one:

___ I'd like to pay the **entire cost** of the camp(s) now \$ _____ (Total)

___ I'd like to pay the non-refundable deposit now - \$50.00 per session - \$ _____ (Total)

Note: A minimum \$50.00 deposit per session (non-refundable) is required at registration.

Cancelation Policy:

If registration is cancelled more than 30 days prior to the start of the week AND we can resell your spot, a refund is granted. There will be no refunds if you miss a camp day or cancel with less than 14 days notice prior to the first day of camp, or we can't resell it. Spaces are limited!

Camp T-Shirt:

Each student will make a free Music Camp t-shirt on the first day. Please indicate the size.

Youth XS Youth S Youth M Youth L Youth XL

TOTAL COST: _____

Please e-mail completed forms with all signatures and e-transfer payments to:

info@celinasstringstudio.com

CHEQUES payable to: **Celina's String Studio**

APPLICATION DEADLINE: **June 28, 2024** (please ensure you complete ALL sections of the form and submit with payment)

Photography / Video Permission:

I grant to Celina's String Studio the right to take photographs and/or videos of my child in connection with the Summer Music & Stepdance Camp Music Camp activities. I authorize Celina's String Studio, it's assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that Celina's String Studio may use such photographs and/or videos of me or of my child with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

Parents Initials _____

Elements of Risk

During summer camp, educational programs activities, injuries may occur. The chance of an injury occurring can be reduced if your child behaves respectfully and appropriately and always follows instructions while engaged in camp activities.

If your child participates in the activities, it is understood that the parents bear the responsibility for any injury that might occur. Celina's String Studio does not provide accident insurance coverage for camper's injuries that occur during their summer camp, including such purposes as publicity, illustration, advertising, and Web content.

Parents Initials _____

I HAVE READ THE ABOVE AND I UNDERSTAND THAT IN PERMITTING MY CHILD TO PARTICIPATE IN THE SUMMER CAMP ACTIVITIES, I AM ASSUMING THE RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE CAMP. I HAVE REVIEWED WITH MY CHILD THE NEED TO ACT RESPECTFULLY AND APPROPRIATELY AND TO CAREFULLY FOLLOW THE INSTRUCTIONS OF SUPERVISORS AT THE CAMP.

Parents Initials _____

- I acknowledge that I have read and accepted the terms of this application form, and I give my child permission to participate in Celina's String Studio Summer Music & Stepdance Camp.
- If accepted for enrolment, the camper and parent agree to abide by all camp regulations and to co-operate with the administration and staff. The camp and parent also understand that should criteria outlined not be met, applicants may be sent home.

Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____

Date: _____

CAMPER MEDICAL INFORMATION (All information will remain confidential)

CAMPER'S HEALTH CARD #: _____

Camper Name: _____

Date of

Birth: _____ Family Physician: _____

MEDICATION: _____

ASTHMA: _____

ALLERGIES: _____

Please list any significant medical conditions, physical limitations, or any other concerns that might affect your child's full participation in camp activities:

Does your child take prescribed medication(s) on a regular basis? Please specify:

Yes - My child has Asthma. Child must bring their own inhaler medication. Please list name of inhaler medication: _____

Yes - My child has Allergies. Child must bring their own EpiPen for a life-

threatening allergy

Yes - Check and list all known allergies:

foods (list) _____

nuts (list) _____

bee stings _____

medications (list) _____

other (list) _____

If foods are life-threatening, please explain the symptoms and the treatment:

GENERAL

Does your child wear or carry medical alert identification (e.g., bracelet)? Yes No

If yes, please specify what is written on it: _____

Does your child have any special fears or conditions (e.g., anxiety) the knowledge of which will allow the camp staff to make the student's activities more relaxed? Yes No

If yes, please explain:

SUN PROTECTION

Our camp has outdoor activities, as we will using Piccadilly Park on nice days. Please make sure your child is protected with a proper hat and sunscreen.

PERMISSION

Should it become necessary for my child to have medical care, I hereby give the Celina's String Studio Summer Camp Supervisor permission to use her/his best judgement in obtaining the best of such service for my child. I also understand that in the event of such illness or accident, I will be notified as soon as possible.

Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____

Date: _____

