

Académie Ste-Cécile International School

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Registration Form for SUMMER JAZZ/POP ENSEMBLE

Please print clearly and complete a separate registration for each child participating in the Summer Jazz/Pop Ensemble at ASCIS.

Participant's

Family Name _____ First Name _____ Middle Name _____ Sex _____
Home Address _____ City _____ Postal Code _____
Home Telephone _____ Date of Birth _____ Age _____ OHIP # _____
dd / mm / yy

Parent's (required for ages 18 and under) Relationship to Participant: Mother Father

Name _____ Work Phone # _____ Cell # _____
E-mail: _____ Signed Initials: _____

Legal Guardian's (if applicable)

Name _____ Work Phone # _____ Cell # _____
E-mail: _____ Signed Initials: _____

Emergency Contact

Name _____ Work Phone # _____ Cell # _____
E-mail: _____ Relationship to Participant: _____

Participant's Health Information

Family Doctor's Name: _____ Phone Number _____

Please detail all illnesses, diseases or all physical disabilities which either have affected or may affect the participant's general health, his/her participation in the camp: _____

Does this participant have any visual and/or auditory difficulties and/or allergies? No Yes If "yes", please explain: _____

Is this participant prescribed an inhaler? If "yes", please explain its purpose and all instructions: _____

CONSENT AND AGREEMENT *The participant, the participant's custodial parents (and/or guardian(s)) must indicate their/his/her/ agreement.*

1.0 Summer Jazz/Pop Ensemble Period and Fees:

As the participant, parent(s) and/or legal guardian(s) of the participant, I/we agree to:

- 1.1 Allow the individual to participate in the Summer Jazz/Pop Ensemble of Académie Ste-Cécile International School ("SJE-ASCIS") on the dates of July 2, 9, 16, 22 and August 6, 13, 20, 27 of the year 2022.
- 1.2 Pay all fees for the individual's participation in the ensemble prior to the first rehearsal;
- 1.3 Agree to pay the extra fees for extra coaching;
- 1.4 Understand that a refund (minus an administration fee of \$35.00) will be issued to a participant who withdraws *in writing* from the programme prior to his/ her session commencing and I/we further understand that once the session has begun, all fees paid and made payable to ASCIS are non-refundable; and
- 1.5 Understand that a non-cooperative participant or a participant who seriously breaches ASCIS' Code of Conduct may be given notice of termination and therefore, I/we further understand that Académie Ste-Cécile International School ("ASCIS") and/or its associates managing the Summer Jazz/Pop Ensemble reserve(s) the right, notwithstanding the payment of any fees to terminate enrollment should the necessity to do so arise.

Signature of Participant

Signature of Parent

Signature of Legal Guardian(s)

2.0 Implied Reasonable Requirements to Participate

2.1 In the matter of the Summer Jazz/Pop Ensemble of Académie Ste-Cécile International School ("SJE-ASCIS") on Saturdays in July 2022 and August 2022, I/we agree to allow my/our child (the above-mentioned named participant) to participate and I/we and my/our child agree to abide by the implied reasonable requirements of including but not limited to the following requirements:

- The participant must have had an annual medical examination and must have obtained the permission of a qualified medical practitioner to participate in such events;
- The participant is responsible for bringing emergency medication (e.g. asthma inhalers, EpiPens, etc.) with him/her and to inform the conductor of such;

2.2 **Furthermore, I/we and my/our child understand that we are responsible** for the participant's own actions during all events and activities including outings and/or competitions. As a participant of SJE-ASCIS, I/my/our child agrees and understands that he/she is representing SE-ASCIS and that he/she should compete to his/her best and fullest ability bearing in mind at all times the ASCIS Code of Conduct. The student agrees that he/she must be attentive and responsible and therefore he/she must conform to all rules, directives and instructions of the instructor(s) of the programme and of the venue. The participant agrees that, failing to do so, he/she shall be held accountable for all consequences resulting from his/her breach of such rules and/or of his/her misbehaviour.

Signature of Participant

Signature of Parent

Signature of Legal Guardian(s)

3.0 Risk of Injury

3.1 **The risk of injury exists in every activity.** Falls, collisions, sprains and strains may occur during an activity. These injuries result from the nature of the activity and may occur without fault on either the part of the participant and/or other students, and/or the ASCIS directors and/or officers and/or associates and/or staff and/or the agents of the facility where the activity is taking place. **By choosing to participate in these activities, I/we and my/our child are assuming all risks, consequences and costs of any such injury.**

3.2 I/We understand that ASCIS will properly supervise children and that reasonable safety precautions will be taken; and

3.3 I/We understand that I/we remain solely responsible for any and all health insurance for the participant.

Signature of Participant

Signature of Parent

Signature of legal Guardian(s)

4.0 Risk of Damage to Property

4.1 **The risk of damage of personal property exists in every activity.** Damages to personal property, such as a musical instrument, may result without fault on either the part of the participant and/or other participants, and/or the ASCIS directors and/or officers and/or associates and/or staff and/or the agents of the facility where the activity is taking place. **By choosing to participate in these activities, I/we and my/our child are assuming all risks, consequences and costs of any such damages.**

4.2 I/We understand that ASCIS will provide a reasonable space for rehearsal and that reasonable precautions will be taken; and

4.3 I/We understand that I/we remain solely responsible for any and all damages to personal possessions including personal instruments.

Signature of Participant

Signature of Parent

Signature of legal Guardian(s)

5.0 Participant's Medical Information

5.1 In case of a medical emergency, I/we understand that, while the participant is in attendance at SJE-ASCIS, every effort will be made to contact the undersigned parent/s or guardians of the child; or,

5.2 In the event that the undersigned or the emergency contact person cannot be reached and the emergency warrants an ambulance, I/we hereby grant SJE-ASCIS' staff permission to notify an ambulance so that appropriate medical care may be given. (e.g., medication and/or medical treatment) to the child.

Signature of Participant

Signature of Parent

Signature of legal Guardian(s)