



2012 ROCKSTAR CAMP – March Break

(March 12th-16th, 2012)

Rocker's First Name: _____ Last Name: _____

Guardian Name(s): _____

Home Address: _____ Province: _____ Postal Code: _____

City: _____ Phone (Daytime): _____

Email: _____ Phone (Cell): _____

Date of Birth: _____ Sex: M F Age: _____

CANCELLATION / REFUND POLICY:

** Full payment must be received to confirm registration.

** Refunds will be issued for cancellations received two weeks prior, any cancellation within one week of arrival will not receive a refund.

METHOD OF PAYMENT

Debit Cash Visa Amex Cheque MasterCard

MEDICAL FORM

List any medication presently taken:

Does the child have any ailments that the staff should be aware of (ie: allergies, etc.):

Please explain:

Waiver and Release:

I hereby acknowledge that the above information is true to my knowledge. I understand that there are inherent risks associated with day camp and recreational activities and do further release Maxwell's Music House, their employees and volunteers, their respective agents or servants from any claims, demands, actions or causes of action arising out of or in consequence of any losses, injury or damage to my child's person or property incurred while attending at or participating in a program or event at such locations, notwithstanding any such loss, injury or damage that may have arisen by reason of negligence of Maxwell's Music House, it's contractors, staff, instructors and volunteers. I hereby give permission for the staff of Maxwell's Music House to administer first aid and arrange hospital transportation for my son/daughter should the need arise. The information gathered herein is for the sole purposes of Maxwell's Music House.

I authorize the use of photos or recorded materials solely for marketing/promotional use by Maxwell's Music House

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT

Signature _____ Date _____

Witness _____ Date _____