

EL SISTEMA GREY BRUCE – THE BIG SOUND REGISTRATION FORM

(Please Print)

Today's date:					
PARTICIPANT INFORMATION					
youth's last name:			First:	Middle:	
Returning member? <input type="checkbox"/> Yes <input type="checkbox"/> No	School:	Grade:	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home phone no.: ()		Cell phone no. ()	
P.O. box:	City:	Province:	Postal Code:		
		Email:			
How did you hear about El Sistema (please check one box):					
<input type="checkbox"/> Family		<input type="checkbox"/> Friend		<input type="checkbox"/> Website	<input type="checkbox"/> Print Ad
				<input type="checkbox"/> School	<input type="checkbox"/> Church
				<input type="checkbox"/> Other	
PARENT INFORMATION					
Parent/Guardian's Name:					
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Address (if different):		Home phone no.:	
		Parent email:		Cell phone no.:	
Parent/Guardian's Name:					
<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Address (if different):		Home phone no.:	
		Parent email:		Cell phone no.:	
MEDICAL INFORMATION					
Are there any medical conditions, disabilities, family circumstances, cultural requirements or other concerns that the activity organizers should be aware of? If so, please explain below:					
Information about special medical/behavioural conditions that may affect participation in program:					
Further details on conditions, treatments, medications are attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the youth have any allergies to food, medication and/or insect bites? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please specify:					
Dietary Requirements <input type="checkbox"/> Vegetarian/Vegan <input type="checkbox"/> Celiac/Gluten Free <input type="checkbox"/> Lactose Free <input type="checkbox"/> No Restrictions					
Description/Details:					
Physician's name:		Telephone no.:		Ontario Health Card Number:	
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):		Relationship to youth:	Home phone no.:	Work phone no.:	
			()	()	
The above information is true to the best of my knowledge. I have read and agree to abide by the conditions of membership of EL SISTEMA GREY BRUCE – THE BIG SOUND as stipulated in the handbook. I understand that this contract is binding for one complete season.					
Youth's signature			Date of signature		
Patient/Guardian signature					

ESGB may collect personal information from an individual that submits an application for programs operated by ESGB such as the after school music program or for employment opportunities (such as contained in a resume, cover letter, or similar employment related materials). ESGB uses submitted personal information as is reasonably required to assess the individual's eligibility in the program or to assess the individual's suitability for employment as well as to process the application and respond to the individual.