

SUNSHINE COAST SUMMER SCHOOL JULY 5 - 9, 2010 REGISTRATION FORM

Complete **one** form for **each** person attending. All amounts are in Cdn Funds

All registrations are required by **June 21, 2010 (if space is available)**

Registration fees:

Post marked on or before April 30, 2010 Adults \$260 Child (6 – 18) \$205 Trad Band \$225.
 Post marked after April 30, 2010 Adults \$280 Child (6 – 18) \$230 Trad Band \$255.

Discount for the second and each additional adult or youngster in the same family deduct \$25 from the fees

Cancellation fees

Before April 30, 2010 Full refund less processing fee of \$10
 May 1 – 31, 2010 \$100 cancellation fee per person
 June 1 – 21, 2010 \$150 cancellation fee per person
 After June 21, 2010 **NO REFUNDS**

Registration fees do not include Gala Concert tickets for registrants, these must be ordered separately below. Note: It is recommended that you pre-order your Gala Concert tickets, additional tickets may be available at the school for \$20 but are in limited supply. Pre-ordered tickets and T-shirts will be enclosed in your registration package when you arrive at the school.

Name: Age if under 19

Mailing Address:

City: Prov/State:

Postal Code/Zip Country

Phone Email address

Fees	<input style="width: 90%;" type="text"/>	Less Family Discount	<input style="width: 90%;" type="text"/>	= Fees Due	<input style="width: 95%; height: 20px;" type="text"/>
Evening Gala Concert Ticket:	# of tickets	<input style="width: 90%;" type="text"/>	X	Value \$18 each =	<input style="width: 95%; height: 20px;" type="text"/>
School T Shirts \$20 (must be pre-ordered)	Circle size	Youth S M L			<input style="width: 95%; height: 20px;" type="text"/>
Ladies S M L XL		Mens S M L XL			<input style="width: 95%; height: 20px;" type="text"/>
Piano Hire: A special rate of \$35 for the camp has been arranged (must be pre-booked)					<input style="width: 95%; height: 20px;" type="text"/>
TOTAL ENCLOSED (Fees Due + Gala Concert Tickets + T-Shirts + Piano Hire)					<input style="width: 95%; height: 20px;" type="text"/>

PAYMENT INFORMATION:

Please send cheque or money order payable to:
THE SUNSHINE COAST SCHOOL OF CELTIC MUSIC

Mail to : The Coast String Fiddlers Association
 Camp Registrations
 c/o Box 1398 Gibsons, BC V0N 1V0

Main Instrument:

(e.g. fiddle, guitar)

Are you applying for Trad Band for youth ages 15-25? Please refer to entrance requirements in guidelines for eligibility. You will be contacted separately.	Yes	No
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..... Estimate your speed of learning by ear in your main instrument (e.g. beginning, slow, moderate, fast, very fast)

..... Estimate your skill level (e.g. advanced, intermediate, novice). Please refer to guidelines for classes **

..... Briefly describe your playing experience. If you attended camp last year, who was your home room teacher?

..... Tell us what you hope to learn through this experience:

..... Any special considerations and/or needs?

** For Class Guidelines and general camp info: <http://coaststringfiddlers.com/school-of-celtic-music/>
 For info on location, transportation & accommodations: <http://www.bigpacific.com/>

COAST STRING FIDDLER ASSOCIATION – SUNSHINE COAST SUMMER SCHOOL OF CELTIC MUSIC

MEDICAL INFORMATION AND CONSENT FORM

First Name _____ Family Name _____ Date of Birth

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 Address _____
day month year

Home Phone # _____
 Name of Parent/Guardian if under 18 years old _____ Work Phone # _____

EMERGENCY CONTACT: In the event that we are unable to reach the person named above please provide the name(s) of alternate emergency contacts

Name _____ Phone # _____ Relationship _____
 Name _____ Phone # _____ Relationship _____

MEDICAL INFORMATION

BC Care Card/Medical Number _____
 Doctor (if local) _____ Phone # _____
 Physical limitations _____ No Yes
 Allergies _____ No Yes
 Dietary needs _____ No Yes
 Required to take regular medications _____ No Yes
 Other conditions that the school co-ordinators should be aware of? _____ No Yes

**** If you answered YES to any of the above please provide details on the back of this form****

Illness or injury may occur and immediate medical attention may be necessary. This is my permission for the co-ordinators and volunteers of the Coast String Fiddler Association Summer School of Celtic Music, Roberts Creek, British Columbia to make arrangements for medical attention or qualified surgery for the individual above in the event of an emergency without my prior notification or approval. I understand I will be notified by the quickest means possible if this authority is exercised. I agree to accept financial responsibilities in excess of benefits offered by medical plans or insurance of the school.

Name (print) _____ Date: _____

Signature: _____

COAST STRING FIDDLER ASSOCIATION – SUNSHINE COAST SUMMER SCHOOL OF CELTIC MUSIC
LIABILITY RELEASE AND INDEMNITY AGREEMENT AND CONDITIONS OF PARTICIPATION

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY BEFORE SIGNING

RE: Summer School of Celtic Music, concerts and activities at Roberts Creek Elementary School and surrounding area.
To: Coast String Fiddler Association and its directors, officers, employees, agents, representatives and volunteers (the "CSF")

I AM AWARE THAT ACCIDENTS MAY OCCUR. They can be the result of the nature of the activity and can occur with or without fault on either the part of the participant, the participant's child, the CSF, the facility where the activity is taking place or anywhere

IN CONSIDERATION of CSF permitting my participation or my child's participation in its activities for the Sunshine Coast Summer School of Celtic Music (the "School"), I HEREBY AGREE AS FOLLOWS:

1. I ASSUME AND ACCEPT ALL RISK, DANGERS AND HAZARDS in connection with my participation or my child's participation in the School or any part thereof;
2. I WAIVE ANY AND ALL CLAIMS WHATSOEVER that I may have against CSF as a result of my participation or my child's participation in the School or the actions or the failure to take actions of CSF;
3. I RELEASE CSF from any and all liability, rights of action or causes of action arising out of contract, tort, negligence or any other claim whatsoever for any loss, damage, injury or expense that I, or my successors, heirs or assigns, may suffer or incur as a result of my participation or my child's participation in the School, due to any cause whatsoever or howsoever caused including but not limited to the negligence of CSF or any of its guests, invitees or anyone whatsoever;
4. I HOLD HARMLESS AND WILL INDEMNIFY CSF from any and all liability for property damage, personal injury or death suffered by myself or by a third party as a result of my participation in the School;
5. IN THE EVENT OF MY DEATH, THIS RELEASE AND INDEMNITY AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns in relation to CSF.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AND INDEMNITY. I am at least the full 19 YEARS OF AGE and am aware that by signing this document, I am affecting the legal rights and liabilities of myself, my heirs, next of kin, executors, administrators and assigns in relation to CSF.

DATE

Name of Participant

Witness

Signature of Parent or Guardian if Participant is under 19 years of age.