



Virtual Music Lessons

musicforthespirit.ca

Registration Form

Participant's Name: _____ Grade : _____

Date of Birth: _____ School: _____

Musical instrument: _____ (optional)

Name(s) of Parent(s)/Caregiver: _____

Address: _____

Blue Flag #: _____

Parent/caregiver cell phone: (____) _____

Participant cell phone: (____) _____

Parent Email address: _____

Participant Email address: _____

Emergency contact name: _____ Phone number: (____) _____

Ontario Health Insurance Number (OHIP): _____

Drug Allergies: _____

Food Allergies: _____

Medical or other concern: _____

I give permission for:

- my child to participate in the activities of the ***Music for the Spirit*** program, including online virtual learning sessions
- ***Music for the Spirit*** staff to seek emergency medical care for my child in the event that a parent or guardian is unavailable to do so
- photographs, audio and video to be taken of my child for use in promotional material, including internet streaming/broadcasting of music and arts events

Check this box to agree and include electronic signature

Parent/ Caregiver Signature: _____

Date: _____