

Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Grade (as of fall) _____ Male ☐ Female ☐ Date of Birth _____

Parent/Guardian Name(s) _____ Parent Email _____

Phone (W) _____ Phone (H) _____ Phone (C) _____

Emergency Contact(s) (other) _____ Relationship to the student _____

Phone (W) _____ Phone (H) _____ Phone (C) _____

Prov. Health Care # _____ Province _____ Doctor's Name & Phone _____

Allergies and Food Requirements _____

Medication(s) _____

Are there any medical, behavioural and/or other conditions that we should be aware of? _____

Most Advanced Choral Experience None ☐ Unison Choir ☐ Part Singing ☐ Mixed Choir ☐

Part(s) You Sing (check all that apply) Don't know ☐ Soprano ☐ Alto ☐ Tenor ☐ Bass ☐ Changing ☐

T-Shirt Size (if unsure, select smaller size) Child M ☐ L ☐ Adult S ☐ M ☐ L ☐ XL ☐

For new campers: where did you hear about Singspiration? (check all that apply)

☐ Church ☐ School ☐ Concordia ☐ Comm. choir ☐ Word of mouth ☐ Print ads ☐ Other _____

Choir affiliation (if any) _____ Church affiliation (opt.) _____

Registration Fee* (circle amount) *All prices include 5% GST

– Through May 31 \$365

– Through August 1 \$395

– After August 1, availability allowing ... \$420

Add if staying in residence \$225 Roommate request (opt.): _____

Total _____

Less Deposit (min. \$100*) _____ *The minimum payment of \$100 is a non-refundable deposit

Balance Owing (due at check-in) _____ to reserve your student's place at camp. No refunds after Aug. 1.

Method of Payment ☐ Cheque or Money Order ☐ Visa ☐ Master Card ☐ American Express

If paying by credit card, please fax form OR leave this area blank and call us (780.479.9201) with your credit card details.

Amount _____ Card Number _____ Exp. _____

Name on Card _____ Cardholder Phone _____

Signature _____

In addition to myself, I give permission for my child to be signed out by any of the following people (fill in name, relationship to camper, and phone number for each) _____

☐ I give Concordia University of Edmonton and their partners permission to take photos or videos of my child and to reproduce his/her likeness (no names to be used) in promotional materials, including brochures and audio-visual productions.

I have read and understood this agreement and understand, appreciate, and accept the risks associated with my child's participation in Singspiration and all related activities at Concordia University of Edmonton or on any pre-determined field trips. As the parent/guardian for the participant, I consent to my child's participation in the above-noted program and all related activities.

Parent/Guardian (full name) _____

Signature _____ Date _____

Send with payment to Singspiration c/o Concordia University of Edmonton, 7128 Ada Blvd. NW, Edmonton AB T5B 4E4 Fax: 780.474.1933 Phone: 780.479.9304 Email: singspiration@concordia.ab.ca