



## Montreal Boys' Choir Course 2015

### Registration Checklist for Child Participant



- ☐ Course Registration Form
- ☐ Health Certificate
- ☐ Consent-Release Form

# Montreal Boys' Choir Course 2015

## Course Registration Form

PLEASE PRINT

### SECTION 1: PARTICIPANT

Last Name											First Name											
Mailing address											City											
											State / Prov.											
											Zip / Postal code											
Email											Date of birth			Year			Month			Date		
Choir											Director											

### SECTION 2: PARENTS/GUARDIAN

Family Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____										Family name											Given name																																
Area code											Telephone (primary)											Area code											Telephone (secondary)											Email										

### SECTION 3: PROGRAMME

Friends attending this year's course											Rooming preferences																					
Dietary restrictions											Fears and phobias																					
Level of athleticism	<input type="checkbox"/> Very <input type="checkbox"/> Fairly <input type="checkbox"/> Not very										Musical rank	<input type="checkbox"/> Superior <input type="checkbox"/> Above average <input type="checkbox"/> Average										First time away from home	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Voice part	<input type="checkbox"/> Treble <input type="checkbox"/> Alto <input type="checkbox"/> Tenor <input type="checkbox"/> Baritone <input type="checkbox"/> Bass										Course fee includes MBCC Polo Shirt for the final services, which will be provided at camp. Please indicate size										<input type="checkbox"/> Children M <input type="checkbox"/> Children L <input type="checkbox"/> Children XL <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2XL											

### SECTION 4: FEE INFORMATION

Choristers and adults	Registration (paid in full before July 1)											\$ 790									
	\$100 discount for siblings paying regular fees											SIBLING DISCOUNT (IF APPLICABLE)	- \$ 100								
Payment by credit card	A handling fee of \$ 24 will be applied to all registrations paid by credit card VISA and MASTERCARD ONLY										HANDLING FEE ONLY FOR CREDIT CARD PAYMENTS	+ \$ 24									
Proctors	Those chosen to be proctors will be advised and the appropriate refund will be applied to their registration										TOTAL OWED										

### SECTION 5: PAYMENT

PAYMENT	<input type="checkbox"/> Visa <input type="checkbox"/> Cheque <input type="checkbox"/> MasterCard payable to RSCM Montreal Course									
NAME ON THE CARD										
CARD NUMBER										
EXPIRATION DATE	Month		Year							
Return this form and payment to:	Larry Tremsky, Montréal Boys' Choir Course Cathedral of the Incarnation 50 Cathedral Avenue Garden City, NY 11530									

Date of receipt	Year	Month	Day	Registration Date	Year	Month	Day	Credit Card Authorization Number
2	0	1	5	2	0	1	5	

# Montreal Boys' Choir Course 2015

## Health Certificate

PLEASE PRINT

### SECTION 1: PARTICIPANT

Family name					Given name					Age at Aug. 2, 2015		
Medicare OHIP Health Care no.					Date of birth	Year	Month	Date				

### SECTION 2: EMERGENCY CONTACT

Family Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				Family name					Given name		
Area code	Telephone (primary)				Area code	Telephone (secondary)				Email		

### SECTION 3: INSURANCE INFORMATION

Insurance company					Policy No.					Group No.		
Policy Holder Name					Relation to camper							

### SECTION 4: HEALTH HISTORY

Known allergies	<input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect bites <input type="checkbox"/> Smoke <input type="checkbox"/> Toxins <input type="checkbox"/> Plants <input type="checkbox"/> Animals <input type="checkbox"/> Others				If you've checked any of the boxes, please give details			
Can camper recognise when he is having an allergic reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the camper carry an ANA kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the camper carry an EPIPEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous illnesses	<input type="checkbox"/> Appendicitis <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles (red) <input type="checkbox"/> Kidney disease <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Heart Condition <input type="checkbox"/> Mumps <input type="checkbox"/> Other				If you've checked any of the boxes, please give details			
Currently suffering from	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Migraines <input type="checkbox"/> Motion sickness <input type="checkbox"/> Heart Condition <input type="checkbox"/> Enuresis <input type="checkbox"/> Other				If you've checked any of the boxes, please give details			
Date of most recent physical	Year		Month		Date of last tetanus shot	Year		Month
To the best of my knowledge, my child is in good health. I will notify the camp if my child is exposed to an infectious disease during the three weeks prior to arriving at camp. The camp nurse has my permission to administer the medication as listed on back of the health care form. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician, selected by the Camp Director and/or Camp Nurse to hospitalize, secure proper treatment, order injection, anaesthetic or surgery for my child						Signature of parent/guardian		

### SECTION 5: MEDICATION (Prescribed and non-prescribed)

To ensure the health and safety of all, medications brought to camp shall be the responsibility of the health staff and must be presented at registration. Medications cannot be administered unless the authorization below has been completed and signed. In the case of non-prescription medications, the signature of a parent/guardian is adequate. This includes non-prescription medications supplied by the Choir Course (such as Aspirin™, Graval™). Medications to be given upon the order of a physician require authorization by him/her in writing and the chorister should have in his possession enough medication for the duration of the camp. NOTE: Campers with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) are encouraged to bring their medication as the course requires hours of focusing.

PRESCRIPTION MEDICATION				NON-PRESCRIPTION MEDICATION (Over-the-counter — such as Graval™, Tylenol™, Claritin™)			
<input type="checkbox"/> I hereby give my consent for the administration of the following medication(s) to my son while he is attending the course.				<input type="checkbox"/> I hereby give my consent for the administration of the following medication(s) to my son while he is attending the course.			
Name		Name		Name		Name	
Given for		Given for		Given for		Given for	
Side Effects		Side Effects		Side Effects		Side Effects	
Comments		Comments		Comments		Comments	

Date of Receipt	Year		Month	Day	Signature
2	0	1	5		



## Montreal Boys' Choir Course 2015 Consent/Release Form



PLEASE PRINT

Name of participant

1. In consideration for allowing my child to participate/my participation in The Royal School of Church Music in America, Montréal Boys' Choir Course at St Mark's School, We/I hereby release The Royal School of Church Music, Montréal Boys' Choir Course at St Mark's School, all employees of St Mark's School, The Royal School of Church Music in America, Montréal Boys' Choir Course at St Mark's School and all course volunteers who participate in the activities of the course (directly related as well as ancillary thereto), from liability on my behalf and on behalf of my minor child, based on a claim of negligence arising in any way from my child's/my participation in the course and the activities which take place during the course (i.e., all activities of whatever nature from the time my child leaves my care, custody and control in anticipation of the departure of the trip until the time my child is returned to my care, custody and control after the termination of the course) except to the extent the injury is covered by any insurance procured by The Royal School of Church Music in America, Montréal Boys' Choir Course at St Mark's School and/or St Mark's School which insurance does not allow for subrogation of the claim as against the course employees or volunteers alleged to have been negligent or to the extent and amount the injury is specifically covered by insurance providing coverage for the person or persons alleged to have been negligent. This release relates solely to ordinary negligence and does not apply to willful or wanton negligence or intentional misconduct on behalf of any employee or volunteer. I understand that my child/I may be transported by church van or rental vans during the week, and I give my consent for such travel.
2. Additionally, We/I specifically agree to indemnify and hold harmless, The Royal School of Church Music in America, Montréal Boys' Choir Course at St Mark's School, St Mark's School, and any course employee or course volunteer who participates in any aspect of the course from any loss, damage or demand sustained in any way related to my child's/my participation in the above designated course whether from their alleged negligence or otherwise, except with respect to the individual employee or volunteer where the loss is related to willful or wanton negligence or intentional misconduct of that course/school employee or volunteer.
3. This release and indemnity as to The Royal School of Church Music in America, Montréal Boys' Choir Course at St Mark's School, St Mark's School is absolute to the extent not covered by insurance.
4. I hereby give my authorization and consent for the rendering to my child/me, by a licensed physician or physicians, of such medical services and treatment as may become necessary or advisable during the aforementioned period of time, regardless of whether such treatment or service becomes necessary by reason of an emergency, unanticipated conditions or otherwise. Such consent and authorization shall include also the cooperation and assistance of nurses, technicians, assistants, other physicians, and any qualified medical personnel working under the supervision of licensed physicians.
5. I hereby give my authorization and consent for my child accompanying you to and from all authorized off campus RSCM America activities from August 2<sup>nd</sup> to August 9<sup>th</sup>, being subject to your supervision during the term thereof.
6. In registering me/my child for the Montreal Boys' Choir Course, I give permission to use photos of me/my child in camp publicity.

Name (please print)

Signature

Date

Name (please print)

Signature

Date

Both parents/guardians/custodians must sign or in the case of divorced parents, the parent with custody.  
Release must be signed before the child can participate in the above referenced outing.

PLEASE RETURN THIS FORM TO

Larry Tremsky  
Montréal Boys' Choir Course at St Mark's School  
Cathedral of the Incarnation  
50 Cathedral Avenue  
Garden City, NY 11530

Date of receipt

Year 2 0 1 5 Month Day



## Montreal Boys' Choir Course 2015

### Communications Policy



The MBCC encourages communication between parents and children, but recognizes that this communication needs to be regulated in the best interests of the safety and well-being of all camp participants. Unfortunately, unrestricted access to communication tends to encourage homesickness (more appropriately called "separation anxiety"), and defeats the purpose of adventure that encourages personal growth and independence. On a realistic level, a camper who calls home due to homesickness will achieve nothing: his parents will be distressed/worried while being unable to help in any practical way.

Children who arrive with cell phones will be required to give that cell-phone to their accompanying adult, or to the Executive Director of the MBCC, for safe-keeping for the duration of the course. On a practical level, if your son has music/games and more on his cell phone, he will not have access to them during camp.

Parents are encouraged to email their child, to an address we'll send out to all parents before the camp begins. Emails will be printed off, and distributed during lunch of each day.

The MBCC staff will make every reasonable effort to contact the parents of any child who is experiencing an emergency or about whom we are concerned. We would note that it has not been necessary to do this in a long time: we've had a very good record of "happy campers" for many years!

Separation is what defines "camp" for a child. Sending your child to "camp" encourages their personal ability and independence. "Camp" helps children to learn self-reliance, and to learn how to seek help from appropriate adults.

Parents are asked to make that "Leap of Faith", to trust camp staff, as we are "in situ"

- We promise to contact parents for advice and support if needed, as we recognize that you are the experts for your own children.
- By not packing a cell-phone, you indicate your trust in us, and in your child.

The MBCC understands that we are asking you to make that "Leap of Faith", but we stand by our record as the longest continually running course of its kind in the world, that we are worthy in asking for that "Leap of Faith".