APPLICATION FORM

EMERGENCY INFORMATION

This form grants the permission for the treatment of minors when a parent/guardian cannot be contacted, through the unlikely event of accident or illness, every reasonable attempt will be made to reach the parent/guardian listed below.

EMERGENCY CONTACT

Relationship to *REMIX* Participant: _____ Phone #1: _____

Relationship to *REMIX* Participant: _____ Phone #2: _____

PERMISSION & RELEASE || TERMS & CONDITIONS

Parental consent is required for all minors. Adult participants need to agree below as well.

I grant permission for my child or me to attend and participate in *REMIX*. I consent to emergency medical treatment in the unlikely event of accident or illness during the *REMIX* week.

I hereby release the *REMIX* event staff, their associates, Youth Unlimited (Toronto YFC) its associates/volunteers, the hosting facility and its employees from any and all liability that may result from the participant's involvement in *REMIX*.

I, and my insurance company, assume full responsibility for the payment of any and all medical costs.

We, the parent/guardian and participant, also give the *REMIX* event staff the right to use the participant's image in future promotional material.

Parent/Guardian (print name): _____

Parent Guardian Signature: _____

REMIX Participant (print name): _____

REMIX Participant Signature: _____

Today's Date (MM/DD/YYYY): _____

REMIX RATES

Early Bird Rate: **$419** (April 2, last day)
**Space is limited. Please register early to ensure your spot.*

Regular Rate: **$444** (May 3 - May 17)

Late Rate: **$469** (May 18 - June 7)

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ ☐ Student ☐ Adult

Church Name: _____ City: _____

☐ Female ☐ Male Birth Date: _____

DIETARY CONCERNS:

I have the following allergies, special dietary requirements, and health concerns:

_____

_____

HEALTH INFORMATION:

I require the following medication(s) on a daily/regular schedule:

_____

_____

Health Insurance Carrier: _____

Health Insurance Policy Number: _____

Ontario Health Insurance Plan (*Ontario Residents Only*): _____

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