



1385 Huntingwood Drive
Scarborough, ON

STEEL PAN REGISTRATION FORM 2017-18
Registration Fee is \$60 per semester (8 WEEKS)

PLEASE COMPLETE AND SUBMIT BY EITHER
EMAIL: MTREMBLAY@TROPICANACOMMUNITY.ORG OR FAX: 416.439.2414 ATTN: MARC TREMBLAY OR IN PERSON

PARTICIPANT INFORMATION

FIRST NAME:		LAST NAME:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HAVE YOU PLAYED STEELPAN BEFORE? Yes <input type="checkbox"/> No <input type="checkbox"/>			WHAT LEVEL ARE YOU APPLYING FOR: BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/>		
DATE OF BIRTH (DAY/MONTH/YEAR) ____/____/____		HOW DID YOU HEAR ABOUT THIS PROGRAM: _____			
HOME ADDRESS:		CITY:		POSTAL CODE:	
E-MAIL:		HOME PHONE:		CELL PHONE:	

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN'S FULL NAME: _____		OTHER EMERGENCY CONTACT FULL NAME(S): _____	
PARENT'S E-MAIL: _____		EMERGENCY CONTACT PHONE NUMBER: _____	
ADDRESS (IF DIFFERENT FROM PARTICIPANT'S) _____		POSTAL CODE: _____	
CITY: _____		PARENT/GUARDIAN'S BUSINESS PHONE NUMBER/ CELL PHONE: _____	
PARENT/GUARDIAN'S PHONE NUMBER: _____		PARENT/GUARDIAN'S BUSINESS PHONE NUMBER/ CELL PHONE: _____	

MEDICAL INFORMATION:

NAME OF CHILD'S DOCTOR: _____		DOCTOR'S TELEPHONE NUMBER: _____	
IS THE CHILD'S IMMUNIZATION RECORD UP TO DATE? <input type="checkbox"/> NO <input type="checkbox"/> YES OTHER MEDICAL OR SPECIAL NEEDS: _____		DOES THE CHILD HAVE ANY ALLERGIES OF WHICH WE SHOULD BE AWARE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, SPECIFY: _____	

DROP OFF AND PICK-UP INFORMATION

IS THE CHILD PERMITTED TO GO HOME ON HIS/HER OWN? <input type="checkbox"/> NO <input type="checkbox"/> YES	
PLEASE INDICATE THE NAME/RELATIONSHIP OF THE PERSON(S) WHO WILL NORMALLY PICK UP THE CHILD: NAME: _____ RELATIONSHIP: _____	
NAME: _____ RELATIONSHIP: _____	

PLEASE NOTE THAT THIS IS A PEANUT-FREE ENVIRONMENT!

1. Permission is granted for the said applicant to participate in all program activities, unless I advise you otherwise, in advance, in writing. I consent to allow pictures/ videotapes to be taken of the said applicant while he/she is engaged in program activities.
2. Permission is granted for the organization to use these for promotional purposes. **(IF YOU DO NOT CONSENT TO THIS FOR WHATEVER REASON, PLEASE INFORM US ABOUT YOUR OBJECTION)**
3. I have provided Tropicana Community Services with all necessary information and I can be reached at the telephone number on this form. In case of emergency, I authorize Tropicana Community Services Organization to secure medical care for myself or my child. I hereby waive any claim against Tropicana Community Services Organization and/ or its staff which may arise from any injury the said name on this application may incur as a result of his/her participation in program activities.
4. **I will be responsible** for getting the said name to **the program of its scheduled start time and picking him/her up at the designated time of the programs closure.** I will also provide the said name with paper, textbooks, or any other required training material before every class.
5. I will make myself available to meet regularly to discuss the said names progress, evaluations and other matters that may occur during the training.
6. I will supply the said applicant with snacks, if necessary.

Signature of Parent/Guardian

Date (DAY/MONTH/YEAR)

(PLEASE DO NOT WRITE IN THIS AREA (FOR OFFICE USE ONLY))

PAYMENT MADE BY (NAME)	AMOUNT PAID	BALANCE	DATE	STAFF SIGNATURE