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| **Conservatory Creative Camp Permissions Form – School’s Out 2019-20**Please only list siblings in this form, where all the information in this form would be exactly the same. This form will be retained until the end of June 2020 then shredded and stored digitally up to 3 years after camps conclude as per our Records & Information Management retention schedule: <https://www.uregina.ca/library/rim/> |
| **Camper 1:**  | **Age**:  |
| **Camper 2:**  | **Age**:  |
| **Camper 3:** | **Age**:  |
| **Home Address:**  |
|   | **Which camper will be attending the camp?** |
| **Camp Date** | **Name of Camp** | **1** | **2** | **3** |
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| **Main Contact + Relation to Camper(s)** (ex: Jim Doe, father):  | **Phone:**  |
| **E-mail:** |
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| **Emergency Contact** (if this person is the main contact write “Same as Above”) :  | **Phone:** |
|  |
| **Please write who can sign these campers out + their relation to these campers.** (ex: Joan Griffiths, grandma). The main contact and emergency contact will be added automatically to this list. PLEASE PRINT CLEARLY. We check ID’s of all people picking up children from our camps; **please ensure the name is the same as it would appear on a driver’s license/photo ID.** |  |  |
| 1.  | **Office Use:** Photo ID #Camper 1:\_\_\_\_\_\_\_\_\_\_\_Camper 2:\_\_\_\_\_\_\_\_\_\_\_Camper 3:\_\_\_\_\_\_\_\_\_\_\_ |
| 2.  |
| 3.  |
| 4.  |
| 5. |

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|  | **Yes** | **No** |
| **Student Photo/Program Materials Release**. I, the parent/guardian of the children named on this form, do hereby grant permission to the University of Regina Conservatory of Performing Arts to use and reproduce any photograph, audio, or video footage or other recording for use on television, information or promotional material such as Conservatory newsletters, advertisements, or brochures, including publication on the University of Regina Centre for Continuing Education webpage and the Conservatory of Performing Arts Facebook page. In any manner the Conservatory deems suitable and conforming to established policies. **No names or personal information will be attached to images or videos.**  |  |  |
| **News Media.** I, the parent/guardian of the children named on this form, do hereby grant permission for my children to be photographed/recorded/filmed by news media as part of the Conservatory Creative Camps that may be covered by the news media. |  |  |
| **Permission to Contact by E-mail**. I give permission to the University of Regina Conservatory of Performing Arts to add the e-mail listed in this form to the CPA e-mail list (administered through the CCE) to provide information about events and course offerings specific to the CPA. |  |  |

**Medical Information**

Fill out the below release information if your child has medical information of relevance to their participation in our camps, including but not limited to: food allergies, learning concerns, medication your child will carry through the week, or others. By signing below, you also indicate that:

* You understand the current CPA Guardian Waiver (Camps) agreed to during the registration process for this camp.
* You understand that it is your responsibility to release any medical information that you believe the University of Regina staff should be aware of.
* You agree that the University of Regina will disclose this medical information as required to appropriate staff.

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**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_