

Country Airs Harp Camp Application

Student's Name _____

Parent's Name _____

Address _____

City _____ Pr/St. _____ Postal _____ (zip)

Birthdate _____ School Grade _____

Musical experience _____

Phone _____ Emergency Phone _____

Emergency Contact Person _____

Doctor Name _____ Phone _____

Health Card #: _____

Medications: _____

Allergies: _____

Fee: \$127 per camper (\$100 for second child of family)

Full Payment by July 1st: _____ (cheque payable to Anita Leschied)

Parent Signature _____

Country Airs Harp Camp Waiver Form

I, _____ (parent, guardian) of
_____(student) release and forever hold harmless Anita
Leschied, Deborah Ethier, Dawn Copland and Woodslee Farms of any injury
however caused at or during the Country Airs Harp Camp held July 21 to July 23,
2009 at 2153 County Road 27, Woodslee, Ontario.

Signature of parent/guardian,

Date: _____