



Student Registration Form 2020-21

Student Name _____ Male Female _____ (fill in the blank)

Student DOB: _____ Age _____ Grade _____ Teacher _____

Molly Brant Student (In School or Remote) Alternate School Name _____

In School Learning Remote Learning

Home Address _____

_____ Postal Code _____

Name of parent(s) or guardian(s) for contact and pick up:

1. _____
Name Relationship Home Phone Cell/Work Phone

2. _____
Name Relationship Home Phone Cell/Work Phone

Email _____

Other Authorized Pick up person(s): _____

Phone: _____

Does the student have any allergies or medical issues?
Please specify, including any emergency care needed.

To authorize your child to leave unaccompanied from Sistema Kingston events, please sign here. (Optional)

Signature

Date

Name (please print)

Relationship



I authorize my child/ward to participate in Sistema Kingston for 2020-21, in accordance with the Sistema Kingston outdoor policies and procedures.

Signature

Date

Name (please print)

Relationship

Student's Background

Please indicate any musical experience the student has (*optional*):

Please indicate any learning challenges that the student experiences (*optional*):

Indicate any concern or information that Sistema Kingston should know about (*optional*):

Photography and Media Release Agreement

I consent _____ do not consent _____ to the use of my child's portrait, picture or photograph as part of Sistema Kingston. This includes all activities off site, such as performance, field trips and online events. The photos will only be used for promotional purposes by Sistema Kingston. I understand that these photos could be made available online, in social media and in print material as needed.

I agree that I shall have no claim against Sistema Kingston, Queen's University and the Limestone District School Board or against anyone accessing these communications products, whether online, in social media, in print or by any other means.

I confirm that I am over 18 years of age and am the legal guardian of the below named child.

Child's Name (print in block letters): _____

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____ (Y/M/D)

Contact Sistema Kingston: 613-939-2594 or sistema@queensu.ca