Date:

SUMMER Theatre Arts **PROGRAMS**

Registration Form (2010)

Child's Surname:	First Name:	Current Grade:

1. Personal Information

Mother's Name:	Father's Name:
Home Address (including postal code):	
Home #: ( )	Cell #: ( )
Email Address:	

2. Medical Information

Health Card #:	
Alternate emergency contact #: ( )	Relationship:
Physician:	Phone #: ( )
Please state any allergies, physical or emotional difficulties, or other medical information useful to our staff:	

3. Registration Information

Session(s) (please circle): S.T.A.R Camp - **I / II / III / IV** Senior Summer Theater Arts - **A / B**

Payment method (please circle): Cash / Cheque / Debit / Visa / MC

Total Payment due: $

Deposit Enclosed: $

Visa/ MC #: _____ Exp: ____/____

Cardholder will pay total amount shown to
Card issuer according to cardholder agreement. Signature: _____

Please debit the second and final installments directly from my credit card on April 1st and June 1st, respectively.

[ ] YES, or [ ] NO. Initial: _____

4. Terms of Enrollment

1. A non-refundable deposit of one third the total amount is due upon registration, with a further third due by April 1st and the balance due by June 1st.
2. I understand that, with a withdrawal from the program after April 1st, 2010, both the deposit and April 1st installment are forfeited.
3. I am allowing my child to participate in all Charactors program activities. I give Charactors Theatre Troupe Staff authority to act on my behalf, and release and indemnify Charactors Theatre Troupe, its Directors, Management and Employees from any and all claims for damages arising as a result of any injury, accident, however caused, while my child is participating in a Charactors program.
4. I consent to the use of my child's likeness for publicity purposes, and I have read and understood the terms of enrollment in this program.

Parent/ Guardian Signature: _____ Date: _____

Fax completed form to our office at: 905.886.5066, or email it to mail@CharActors.ca