

Registration Form (Summer 2022)

0.3.5	<u></u>	
Child's Surname:	First Name:	
Child's Date of Birth (DD/MM/YY):	Current Grade:	Pronouns:
	1. Personal Informati	on
Parent (1) Name:	Cell #: ()	
Parent (2) Name:	Cell #: ()	
Home Address (including postal cod	de):	
Home #: ()	Email Address:	
	2. Medical Information	on
Please state any	allergies, physical or emotional difficulties, or other	medical information useful to our staff:
Alternate emergency name & cor	ntact # (iff different from above): (Relationship:
Q : ()	3. Registration Informa	
Session(s) (please circle): 5.1.	A.R Camp: I/II/III/IV Teen \$	ummer Theater Arts: A / B
Payment Method (please circ	cle): Cheque / E-Transfer / Visa / MC	Total Payment Due: \$
Deposit Enclosed: \$	Visa/ MC #:	Exp:/ CVV:
Cardholder will pay total amoun Card issuer according to cardho		
Please debit the second and f	inal installments directly from my credit ca	rd on April 1 st and June 1 st , respectively.
		[] YES, or [] NO. Initial:
balance due by June 1 st , 2 I understand that, no refur I am allowing my child to behalf, and release and ir damages arising as a resu I consent to the use of myrogram.	2022. Indivill be issued with a withdrawal from the program participate in all Char actors program activities. I given demnify Char actors Theatre Troupe , its Directors, Maractors and I of any injury, accident, however caused, while my child's likeness for publicity purposes, and I haractors.	ation, with a further third due by April 1 st , 2022 and the n after June 1 st , 2022. We Char actors Theatre Troupe Staff authority to act on my Management and Employees from any and all claims for y child is participating in a Char actors program. We read and understood the terms of enrollment in this
Parent/ Guardian Signa	ture:	Date: