



March Break Camp

Date: _____

1. Personal Information

| | | |
|---------------------------|-------------------------|-----------|
| Surname: | Child's Name: | |
| Date of Birth (DD/MM/YY): | Current Grade: | Pronouns: |
| Parent (1) Name: | Contact Phone #: () | |
| Parent (2) Name: | Contact Phone #: () | |

If you are currently registered in a CHARACTORS program, please skip to Section 3 of this registration form.

| | | |
|----------------------|-----------|--------------|
| Home Address: | | |
| City: | Province: | Postal Code: |
| Home Phone #: () | | |
| Email Address: | | |

2. Medical Information

Please state any physical or emotional difficulties as well as any allergies and other necessary medical information.

3. Registration Information and Payment Options

| | | | | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------------|
| Dates Attending: | <input type="checkbox"/> Full Week \$295 | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri \$65/day |
| Total Payment: \$ | <input type="checkbox"/> e-Transfer | <input type="checkbox"/> Visa* | <input type="checkbox"/> MC* | | | |
| *Cardholder will pay total amount shown to card issuer according to cardholder agreement. | | | | Exp: | CVV: | |
| *Signature: _____ | | | | | | |

Conditions of Enrollment

- All fees are non-refundable with full payment due upon registration.
- All participants will be required to show proof of vaccination.
- Charactors Theatre Troupe reserves the right to cancel the camp if there is insufficient registration in the program.
- 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.

Parent/Guardian Signature: _____ Date: _____