

Date:



Charactors Theatre Troupe Summer Theatre Arts Programs

Registration Form (Summer 2023)

| | |
|-----------------------------------|--------------------------|
| Child's Surname: | First Name: |
| Child's Date of Birth (DD/MM/YY): | Current Grade: Pronouns: |

1. Personal Information

| | |
|------------------|----------------|
| Parent (1) Name: | Cell #: () |
| Parent (2) Name: | Cell #: () |

| | |
|---------------------------------------|----------------|
| Home Address (including postal code): | |
| Home #: () | Email Address: |

2. Medical Information

| | |
|--|---------------|
| <u>Please state any allergies, physical or emotional difficulties, or other medical information useful to our staff:</u> | |
| Alternate emergency name & contact # (if different from above): () | Relationship: |

3. Registration Information

| |
|---|
| Session(s) (please circle): S.T.A.R Camp: I / II / III / IV Teen Summer Theater Arts: A / B |
| Payment Method (please circle): Cheque / E-Transfer / Visa / MC <input type="text" value="Total Payment Due: \$"/> |

| | |
|---|---|
| Deposit Enclosed: \$ <input type="text"/> | Visa/ MC #: _____ Exp: ____/____ CVV: _____ |
|---|---|

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, 2023 and the balance due by June 1st, 2023.
2. I understand that, no refund will be issued with a withdrawal from the program after June 1st, 2023.
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 scan/email it to: mail@charactors.ca