

Date: \_\_\_\_\_

# TEENS



**Charactors Theatre Troupe**  
**2024 Registration Form**  
**TEEN Musical Theatre Program**

|                           |                                    |
|---------------------------|------------------------------------|
| Surname:                  | Child's Name:                      |
| Date of Birth (dd/mm/yy): | Grade (as of Sept 2024): Pronouns: |

### Personal Information

|                |              |
|----------------|--------------|
| Home Address:  |              |
| City:          | Postal Code: |
| Home #: (    ) |              |

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

Parent Email Address (to receive class memos and newsletters, only): \_\_\_\_\_

### Medical Information

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

### Registration Information and Payment Options

|  |             |              |
|--|-------------|--------------|
| Program:   | Class Day:  | Class Time:  |
| <input type="checkbox"/> Full payment: \$1395 + HST = \$1576.35<br><input type="checkbox"/> Registration Deposit = \$576.35 (with balance of \$1000 due by August 30 <sup>th</sup> , 2024)<br><input type="checkbox"/> Installment Plan ( <u>BY E-TRANSFER ONLY</u> ). \$526.35 deposit and two installments of \$525 on/by Sept 30 & Nov 30 |             |              |
| Payment made by: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> e-transfer (to mail@charactors.ca)   |             |              |
| Amount Enclosed: \$  | Visa/ MC #: | Exp:    CVV: |

Cardholder will pay total amount shown to card issuer according to cardholder agreement.

Signature: \_\_\_\_\_.

Please debit the remainder of the registration fee directly from my credit card on the first day of class.  YES, or  NO.

Initial: \_\_\_\_\_

### Conditions of Enrollment

- 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.
- I consent to the use of my Child's likeness for publicity purposes, and I have read and understood the conditions of enrollment in this program.
- I understand that, after the commencement of the Junior and Senior Musical Theatre programs, pro-rated refunds (less the \$200 non-refundable deposit) are only available until October 1<sup>st</sup>, 2024.
- I understand that there are no refunds available for the Teen Musical Theatre Programs after September 1<sup>st</sup>, 2024.
- I understand that if I am taking advantage of the installment plan, a withdrawal after the drop-out date does not exempt me from payment of the third installment.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_