Date:		



Registration Form (Summer 2024)

Child's Surname:		First Name	:		
Child's Date of Birth (DD	/MM/YY):	Current Gr	ade:	Pronouns:	
	1.	Personal I	nformation		
Parent (1) Name:		Cell #: ()		
Parent (2) Name:		Cell #: ()		
Home Address (including	postal code):				
Home #: ()		Email Addı	ess:		
	2.	Medical Ir	formation		
Please state any allergies, physical or emotional difficulties, or other medical information useful to our staff:					
Alternate emergency na	me & contact # (if different from above): ()		Relationship:	
	3.	Registration	Informatio	on	
Session(s) (please circ	cle): S.T.A.R Camp : I / II	/ III / IV	Teen Sum	mer Theater Arts: A / B	
Payment Method (olease circle): Cheque /	E-Transfer / Visa /	МС	Total Payment Due: \$	
Deposit Enclosed: \$	Visa/ MC #:			Exp:/ CVV:	
Cardholder will pay tota Card issuer according to	l amount shown to o cardholder agreement.	Signature: ₋			
Please debit the secor	nd and final installments o	lirectly from my	credit card	on April 1 st and June 1 st , respectively.	
				[] YES, or [] NO. Initial:	
balance due by J 2. I understand that 3. I am allowing my behalf, and relea damages arising	une 1 st , 2024. , no refund will be issued with a child to participate in all Char se and indemnify Char actors 1 as a result of any injury, accide	a withdrawal from the action of the action o	on registration re program aft vities. I give (irectors, Mana d, while my ch	n, with a further third due by April 1 st , 2024 and the	
Parent/ Guardia	Parent/ Guardian Signature:			Date:	

Scan/email or send high-resolution picture of completed form to: mail@charactors.ca