



Where every student shines!

Acting Classes

REGISTRATION FORM
2010-2011

Sign me up!!

- Session One • September 13 - December 13, 2010
- Session Two • January 3 - April 3, 2011
- Session Three • April 4 - June 13, 2011

Male Female Returning Student

Previous Theatre Experience _____

As of Sept. 2010: School Grade _____ Age _____

Birthdate _____ / _____ / _____
 dd *mm* *yyyy*

Name _____

Doctor's Name & Phone # _____

Address _____

Health Card # _____

City _____ Postal Code _____

Email _____

Medical Information, Learning Challenges, Food Allergy or Dietary Restrictions (The more information you give us regarding your child's learning style the better job we can do. Feel free to include extra information on a separate sheet if necessary.)

Phone: Home _____ Work _____

Cell _____

Emergency (not home) _____

PARTICIPANT'S RELEASE FORM

I desire that my child participate in the full Creative Theatre Company classes and all activities, unless I advise the school directors otherwise in writing.

I agree that, having such precautions as in your discretion are deemed advisable, the school and school staff will not be held responsible for any sickness or any accident to my child.

If for any reason my child requires medical attention beyond that furnished by the school, I agree to be responsible for any expense incurred.

I covenant and agree to indemnify The Creative Theatre Co., its employees and staff and save them harmless from and with respect to all suits, actions and prosecutions by reason of any activity carried out by my child, whether on or off the facilities rented by The Creative Theatre Co.

I consent to allow Creative Theatre Company the use of photographs of my child engaged in acting classes or performing – no names or identifying information will be used in conjunction with the images.

I, the undersigned, have read and fully support the "Participant's Release Form" on the above.

Signature _____

Name of parent/guardian (please print) _____

Cheque payable to The Creative Theatre Co. enclosed. Payment must be received for registration. **Call 905-777-4647 to confirm.**

Amount _____ Date _____