the Creative Theatre Co.

celebrating our 22nd year

Where every student shines!

Acting Classes

REGISTRATION FORM

2011 - 2012

Sign me up!!

☐ Male ☐ Female ☐ Returning Student

School Grade ____ Age _____ D.O.B. ____/____/____

dd / mm / yyyy

Previous Theatre Experience_____

_____

_____

Name _____

Address _____

_____

City _____ Postal Code_____

Email _____

Phone: Home _____ Work _____

Cell _____

Emergency (not home)_____

Doctor's Name & Phone # _____

_____

Health Card #

_____

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.)

_____

_____

_____

_____

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)

_____

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

Amount_____ Date_____

The Creative Theatre Company P.O. Box 1422, Waterdown, Ontario L0R 2H0 • 905-777-4647

email: contact@creativetheatrecompany.com • www. creativetheatrecompany.com