



Thatz Showbiz Theatre Project Inc.

Adult Registration 2018

Name: _____ Phone: _____

Address: _____ City: _____ Province: Ontario Postal Code: _____

Emergency Contact

Name: _____ Phone: _____

Medical Information

Physician: _____ Phone: _____

Health Card #: _____

Please list any medical concerns, such as allergies, medications, special needs, and/or medical history that you may have.

Session Registration

Adult Theatre Class Wednesdays 8pm - 9:30pm \$350 + HST (Beginning January 31, 2018 15 Sessions)

PROMO CODE: _____

Total _____

Payment Terms

\$100.00 per session deposit due with registration. Balance is due by first day of program. If paying by Cheque a postdated Cheque for the balance due must be included with registration.

Refund Policy

Cancellation before first class will result loss of deposit. No refund will be given on Cancellations on or after the first day. If the optional plan is selected, funds are still due for full amount.

Payment Type

Cheque Credit Card

Make Cheques Payable to: Thatz Showbiz Theatre Project

For Credit Card Payments:

Please charge: \$ _____ to my: MasterCard Visa

Card Number: _____ Expiration Date: ____/____

Signature: _____

Card Holder's Name (as it appears on card): _____

Please debit the deposit and balance directly from my credit card on receipt and first day of registered program, respectively.

Waiver and Release of all Claims

Please read this form carefully. When you sign this form you waive and release all claims for injuries you might sustain arising out of their use of the facilities and participation in the activities and programs at Thatz Showbiz Theatre Project Inc.

Acknowledge risk injury: As a participant in the activities or programs at Thatz Showbiz Theatre Project Inc., I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participation or use of such facilities, activities or programs.

Waive, Release & Indemnify: I hereby waive and forever discharge the Thatz Showbiz Theatre Project Inc. its employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused, which may occur as a result of my/their participation in the program in any location where the program is being held (e.g. park, theatre, etc.). I acknowledge and agree that the Thatz Showbiz Theatre Project Inc. may use photographs of its programs and the participants therein for promotional purposes.
I have read and fully understand the above Waiver and Release of all Claims Form.

Print Name of Participant

Signature Date

Transportation Release

Signature below authorizes Thatz Showbiz Theatre Project Inc. to secure emergency medical transportation. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures. Please sign below if you grant Thatz Showbiz Theatre Project Inc. permission to secure emergency medical transportation.

Signature Date

Mail Form and Payment Return To

56 Brockport Unit 3
Toronto, ON
M9W 5N1

Or Fax to (416) 429-6930