



THATZ SHOWBIZ

Thatz Showbiz Theatre Project Inc.

Registration Form Summer 2018

Broadway Beginners

Name: _____ Phone : _____

Birth date: ___/___/___ (dd/mm/yyyy)

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

Emergency Contacts

Parent/Guardian Name: _____ Daytime Phone: _____

Relationship: _____ Email: _____

Parent/Guardian _____ Daytime Phone: _____

Relationship: _____ Email: _____

Please list anyone besides your emergency contacts who may pick up your child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information

Physician: _____ Phone: _____

Health Card #: _____

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

Dietary Restriction _____

If your child has life threatening allergy Please fill out the Anaphylaxis Emergency Plan along with a photo attached.

If you child will be taking any medication(s) during camp hours you must fill out the medication dispensing form.

Session Registration

Session A Jul. 30, 2018 – Aug. 10, 2018 (\$450) _____

Session B Aug. 13, 2018 – Aug. 24, 2018 (\$480) _____

Subtotal _____

Less multiple session discount ___ x \$15 _____ (Only applies to initial registration)

Total _____

Payment Terms

\$100.00 per session deposit due with registration. Balance is due June 1, 2018. If paying by Cheque a postdated Cheque for the balance due on June 1st must be included with registration.

Refund Policy

Cancellation occurring before May 1, 2018 will be refunded less a \$50 administration fee. May 1, 2018 to three weeks prior to start of registered session the deposit is forfeited. No refunds for cancellations received within three weeks of session start date.

Signature of Parent/Legal Guardian Date

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 June 1st, 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 your child 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 my child may sustain as a result of participation or use of such facilities, activities or programs.

Waive, Release & Indemnify:

In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program sponsored by the Thatz Showbiz Theatre Project Inc., 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.

Transportation Release

Signature below authorizes Thatz Showbiz Theatre Project Inc. to transport your child to the theatre and secure emergency medical transportation for your child. 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 transport your child to the theatre and emergency care.

Photo Release – General

I hereby grant Thatz Showbiz Theatre Project irrevocable permission to publish photographs of myself/my child taken during Thatz Showbiz Theatre Project programs. The images may be published or used, in any manner, including advertising, printed materials, website postings and promotional materials. Names will not be published without prior consent. Furthermore, I will hold harmless Thatz Showbiz Theatre Project from any liability by virtue of blurring, distortion, or alteration that may occur in producing the finished product.

Production Content Waiver

Thatz Showbiz Theatre Project upholds standards of age appropriate content and is sensitive to and willing to censor and edit foul language and certain mature subject matter from its productions. What is deemed appropriate/inappropriate will be at the sole discretion of Artistic Director Sarah Magni. In an effort to preserve the artistic quality of the original script specific and minimal editing will be done. In signing this waiver, you are in agreement that the opinions and thoughts expressed by the fictional characters on stage are not necessarily those of the participants playing these characters nor of Thatz Showbiz Theatre project. You are also stating that you understand that, Thatz Showbiz can only account for a very general standard of appropriateness and not be accountable for the personal sensitivities of each and every child or parent/caregiver involved. That being said if a child or parent/caregiver feels uncomfortable with certain content in our productions they are encouraged to address this with Sarah Magni as soon as possible and she will attempt to adjust content as long as it does not jeopardize production quality.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above and Release of all Claims:

Print Name of Participant

Signature of Parent/Legal Guardian

Date

Mail Form and Payment Return To

56 Brockport Drive, Unit 3
Toronto, ON
M9W 5N1

Or scan and email to sarah@thatzshowbiz.com

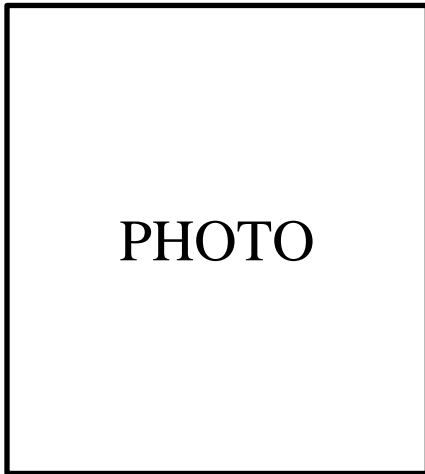
Or Fax to (416) 429-6930

Thatz Showbiz Theatre Project Inc.

Anaphylaxis Emergency Plan

Child's Name _____

This Person Has A Potentially Life Threatening Allergy (Anaphylaxis) To:



Check The Appropriate Boxes

- Peanuts Insect Stings
- Eggs Milk
- Tree Nuts Latex
- Medication _____
- Other _____

FOOD: People with food allergies should not share or eat unmarked/bulk foods or products with a "may contain" warning.

Epinephrine Auto-Injector

Expiry Date: _____

Dosage: EpiPen _____mg Twinject _____mg

ASTHMATIC: Person is at greater risk. If person is having a reaction and has difficulty breathing give epinephrine auto-ejector before asthma medication

A Person Having An Anaphylactic Reaction Might Have Any Of These Signs And Symptoms:

Signs And Symptoms Parents/Guardian Has Witnessed: _____

Skin: hives, swelling, itching, warmth, redness, rash

Respiratory (Breathing): wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing

Gastrointestinal (Stomach): nausea, pain/cramps, vomiting, diarrhea

Cardiovascular (Heart): pale/blue colour, weak pulse, passing out, dizzy/lightheaded, shock

Other: anxiety, feeling of "impending doom", headache

Anaphylaxis Emergency Response Protocol:

ACT Quickly. The first signs of reaction can be mild, but symptoms can get worse very quickly.

- 1. GIVE EPINEPHRINE AUTO-INJECTOR** (EpiPen or Twinject)- At the first sign of a reaction occurring in conjunction with a known or suspected contact with allergen. Give second dose in 10-15 minutes or sooner IF the reaction continues or worsens.
- 2. CALL 911** – Tell them that someone is having a life-threatening allergic reaction. Ask them to send an ambulance immediately.
- 3. CALL CONTACT PERSON.**

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Thatz Showbiz Theatre Project is an Allergen-Aware Environment- An environment that minimizes the risk of exposure to life threatening allergens through: signage, information sharing and awareness, training and education, avoidance practices, and an established emergency action response protocol.

The undersigned parent or guardian authorizes any adult to administer epinephrine to the above-named person in the event of an anaphylactic reaction, as described above. This protocol has been recommended by the above-named physicians.

PARENT/GUARDIAN NAME	PARENT/GUARDIAN NAME	DATE
----------------------	----------------------	------



Medication Dispensing form

CHILD'S NAME: _____ DATE: _____

NAME OF MEDICATION: _____

TYPE OF MEDICATION: _____

POSSIBLE SIDE EFFECTS/ADVERSE REACTIONS: _____

DOSAGE GIVEN: _____

TIMES PER DAY: _____

STORAGE REQUIREMENTS (e.g. refrigeration): _____

SPECIAL INSTRUCTIONS (e.g. take with food): _____

PLEASE NOTE:

- *Form must be signed before medication is dispensed.*
- *All medication must remain in its original container.*
- *Participants who need to take prescription medication while at the camp must administer that medication independently.*

I do hereby release Thatz Showbiz Theatre Project and all staff members involved in the dispensing of the above medication to my child.

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____