



THATZ SHOWBIZ

Thatz Showbiz Theatre Project Inc.

Registration 2018

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 Restrictions

Session Registration

Mini Star Mini Session 375 + HST (Ages 6-11 Beginning January 30, 2018 15 Sessions)

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 occurring before January 9, 2018 will be refunded less a \$50 administration fee, Cancellation following January 9th results in deposit being forfeited. No refunds available once class has begun.

Payment Type

PROMO CODE: _____

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 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 have read and fully understand the above Waiver and Release of all Claims Form.

Print Name of Participant

Signature of Parent/Legal Guardian

_____ Date

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.

Signature of Parent/Legal Guardian

_____ Date

