



## Registration Form Fall 2018

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**If the personal information below is the same as last session check here**

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**

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Everyone must fill out the following:

**Registration**

Creative Development and Discovery \$250.00 + HST (32.50)= \$282.50 (Beginning September, 16 2018, 10 Sessions)

Total \_\_\_\_\_

**PARENTS or GUARDIANS and participants are asked to carefully read the following information. This must be signed by both parties prior to participation in the CDD program.**

You both agree that intentional participant behaviour that puts them or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Artistic Director, Sarah Magni.

You both agree that expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

You both agree if a student is caught using illegal drugs or any sexual harassment, they will be dismissed from Thatz Showbiz Theatre project without a refund.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**(please print name)** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**(please print name)** \_\_\_\_\_

**Payment Terms**

\$282.50 is due with registration and can be paid by cheque, cash or credit card

**Refund Policy**

Cancellation before first class will result in loss of \$50 administration fee. No refund will be given for cancellations on or after the first day of the program.



Or Fax to (416) 429-6930



## **PRODUCTION CONTENT WAIVER**

Students who take part in CDD will be given the opportunity to show off their strengths/skills and contribute to the final performance in a very personal way. The students themselves, with guidance and assistance will put together their own final show. We will only include content in the show that they are comfortable with. Some of the content may be autobiographical as we believe storytelling is a vital part of this program. We will not include foul language or any explicit behavior in our show. What is deemed appropriate/inappropriate will be at the sole discretion of Artistic Director Sarah Magni. In signing this waiver you are in agreement that the participant will be allowed to express themselves and talk about their personal experiences in class and possibly in performance (only if they are willing). Parents are welcome to speak to us about anything we have been working on in class at any time and together we can edit anything they feel uncomfortable with.

**I hereby adhere to Thatz Showbiz Theatre Project's standards of production censorship.**

NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



## **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.

**PARTICIPANT NAME:** \_\_\_\_\_

**PARENT/CAREGIVER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**PROVINCE:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

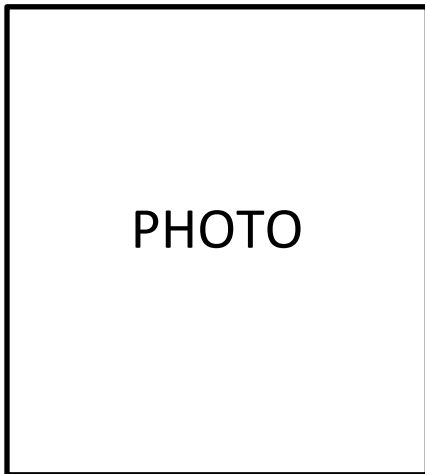
**DATE:** \_\_\_\_\_

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 hey 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

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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.

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**PARENT/GUARDIAN NAME**                      **PARENT/GUARDIAN NAME**                      **DATE**