



# THATZ SHOWBIZ

## Registration Winter/Spring 2019

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 a life threatening allergy please request an Anaphylaxis Emergency Plan**

**Registration**

Musical Theatre Motivation (ages 10 – 35) -Sundays 2:00pm – 3:00pm \$250.00 + 32.50 (HST)  
(Beginning October 6, 2019 10 sessions + Final Performance)

**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 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 that any damages the student causes to Thatz Showbiz property and/or equipment and the expenses associated with said items 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**

Full amount is due with registration and can be paid by cheque or credit card

**Refund Policy**

Cancellation before first class will result in loss of deposit. No refund will be given for cancellations on or after the first day of the program.

**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 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.

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 \_\_\_\_\_

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

**Mail Form and Payment Return To**

4300 Steeles Ave. W

Unit 22

Vaughan ON L4L 4C2

Or email to: [sarah@thatzshowbiz.com](mailto:sarah@thatzshowbiz.com)