



CDD Level 1 Registration Form Fall 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 life threatening allergy Please fill out the Anaphylaxis Emergency Plan along with a photo attached.

Registration

Creative Development and Discovery Level 1 Wednesday Nights (6pm to 7pm) Starting October 2nd \$350 + HST (\$395.50) (10 Sessions)

Creative Development and Discovery Level 1 Sunday afternoons (1pm to 2pm) Starting October 6th \$350 + HST (\$395.50) (10 Sessions)

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 (if participant is unable to sign, contact us for accommodation).

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

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

Refund Policy

No refund will be given for cancelations 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: ____/____

CVV: _____

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

Mail Form and Payment Return To

4300 Steeles Ave. W
Unit 22
Vaughan ON L4L 4C2
or email to: sarah@thatzshowbiz.com

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: _____

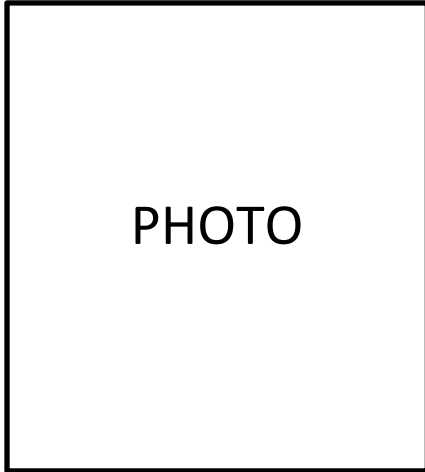
SIGNATURE: _____

DATE: _____

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

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
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