



Registration Form Spring 2020

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

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**If you are a returning student and the personal information below is the same as last session check here and skip this section**

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 \$400 + HST = \$452 (Sundays 3:30pm - 4:30pm Beginning February 2<sup>nd</sup>, 2020 15 sessions + performance in our brand new theatre)

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 (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 West 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: \_\_\_\_\_

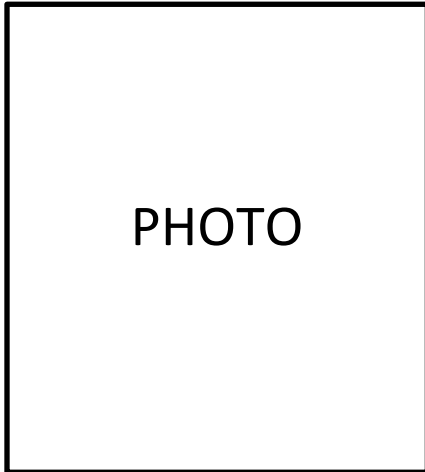
SIGNATURE: \_\_\_\_\_

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.

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<b>PARENT/GUARDIAN NAME</b>	<b>PARENT/GUARDIAN NAME</b>	<b>DATE</b>
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