



THATZ SHOWBIZ

Thatz Showbiz Theatre Project Inc.

Teen Writers and Creators lab Spring 2020

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:

***If your child has life threatening allergy Please fill out the Anaphylaxis Emergency Plan along with a photo attached.**

Session Registration:

Writers and creators lab 500 + 65(HST)= **\$565** (Thursdays 7pm to 9pm starting February 6 20 sessions + workshop)

Payment Terms

\$200.00 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

Cancelation before first class will result loss of deposit. 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: ____/____

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

In case of an emergency Thatz Showbiz will 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 emergency care.

Signature of Parent/Legal Guardian

Date

PRODUCTION CONTENT WAIVER

Thatz Showbiz Theatre Project upholds standards of age appropriate content and is sensitive to and willing to censor and edit foul language and certain mature subject matter from its productions. What is deemed appropriate/inappropriate will be at the sole discretion of Artistic Director Sarah Magni. In an effort to preserve the artistic quality of the original script specific and minimal editing will be done. In signing this waiver you are in agreement that the opinions and thoughts expressed by the fictional characters on stage are not necessarily those of the participants playing these characters nor of Thatz Showbiz Theatre project. You are also stating that you understand that, Thatz Showbiz can only account for a very general standard of appropriateness and not be accountable for the personal sensitivities of each and every child or parent/caregiver involved. That being said if a child or parent/caregiver feels uncomfortable with certain content in our productions they are encouraged to address this with Sarah Magni as soon as possible and she will attempt to adjust content as long as it does not jeopardize production quality.

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: _____

Mail Form and Payment Return To
4300 Steeles Ave. W Unit 22
Vaughan ON L4L 4C2

Or Email to sarah@thatzshowbiz.com