

Registration Information

Student's Name _____		Age _____
Entering Grade _____	Date of Birth _____	Gender _____
Parent/Legal Guardian _____		
Street Address _____		
City _____	Postal Code _____	
Home Phone _____	Cell _____	
Email _____		

Payment Information

Cheque enclosed made payable to: Theatre Aquarius Inc.

Charge to: VISA MasterCard AMEX

Card Number _____	Expiry Date _____
Name on Card _____	Date _____

Emergency Contact Information

Primary Emergency Contact _____	Relationship to Student _____
Telephone _____	Telephone Other _____
Secondary Emergency Contact _____	Relationship to Student _____
Telephone _____	Telephone Other _____

Participant Release Form

I am the parent or legal guardian of: _____ (the "Student"), who is under 18 years of age, and desire that the Student participate in the full school programs and activities (the "Activities") of the theatre school of Theatre Aquarius (the "Theatre"). I acknowledge that I must advise the Theatre in writing if the Student is not physically fit to participate fully in the Activities. I also acknowledge that there are risks in participating in the Activities. I agree that, having taken such precautions as in its discretion are deemed advisable, the Theatre will not be held responsible for any injury, sickness or accident to the Student or for any loss or damage to personal property resulting from the Student participating in the Activities. I authorize the Theatre to secure medical care for the Student. If for any reason the Student requires medical attention beyond any first aid furnished by or on behalf of the Theatre, I agree to be responsible for any expenses incurred. I agree to indemnify the Theatre, its officers, directors, agents and employees and save them harmless from and with respect to all suits, actions and prosecutions by reason of any Activity carried out by the Student, whether on or off the Theatre's property.

Photo Release Form

I consent to the use of the likeness (including still photographs and video) of the Student in connection with the theatre school of the Theatre and related institutional promotional purposes throughout the world and without any compensation. I expressly release the Theatre, its officers, directors, agents, employees, licensees and assigns from and against any and all claims for invasion of privacy, defamation, infringement of copyright or any other cause of action that may arise out of such use.

I do not consent to the photo release statement above

I hereby irrevocably release the Theatre from any and all claims for libel and invasion of privacy in connection with the foregoing.

I, the undersigned, have read the above and agree to its terms:

Printed Name of Parent or Legal Guardian (if student is under 18 years of age) _____	Signature _____	Date _____
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Choose A Program

Creators Camp

AGES: 7 - 11 | 12 - 15

DATES: July 4 - 22 (9am - 4pm)

COST: \$395 (+ HST for students 15 years and older)

Summer Stock

AGES: 14 - 18

DATES: July 4 - 29 (9am - 4pm)

COST: \$425 (+ HST for students 15 years and older)

Drama Camp

AGES: 7 - 11 | 12 - 15

DATES: July 24 - Aug. 4 (9am - 4pm)

COST: \$260 (+ HST for students 15 years and older)

Additional Info. (allergies, medical concerns etc.)