

*All classes held at Theatre Aquarius Arts Education Centre 55 Wentworth St. South. Hamilton ON. L8N 2Y5*

## Registration Information

Student's Name

Date of Birth (DD/MM/YYYY)

Parent/Legal Guardian

Street Address

City

Postal Code

Telephone

Email

### ACTING SATURDAYS Jan. 12 - March 2, 2019

Bringing Stories to Life  
Acting (Ages 4 - 6): 9:00 a.m. - 10:30 a.m. Cost: \$195.00

The Art of Play  
Acting (Ages 7 - 9): 9:00 a.m. - 10:30 a.m. Cost: \$220.00

Acting Essentials  
Acting (Ages 10 - 13): 10:30 a.m. - 12:30 p.m. Cost: \$260.00

### ACTING THURSDAYS Jan. 10 - Feb. 28, 2019

Actors' Training  
Acting (Ages 14 - 17): 4:30 p.m. - 6:30 p.m. Cost: \$260.00\*

\* Fee + HST for students 15 years and older

### MUSICAL THEATRE WEDNESDAYS Jan. 9 - Feb. 27, 2019

Sing, Dance and Act!  
 Music Theatre (Ages 8 - 13): 4:30 p.m. - 6:30 p.m.  
Cost \$260.00

Triple Threat Training  
 Music Theatre (Ages 14 - 17): 7:00 p.m. - 9:00 p.m.  
Cost \$260.00\*

\* Fee + HST for students 15 years and older

## Emergency Contact Information

## Additional Info. (allergies, medical concerns etc.)

Primary Emergency Contact

Relationship to Student

Telephone

Telephone Other

Secondary Emergency Contact

Relationship to Student

Telephone

Telephone Other

### Pick-Up Release

- I authorize the staff of the theatre school to release the student from the building after class without an adult.
- I request the staff of the theatre school ensures the student signs out with an adult after class.

### RELEASE FORM – Required for all Students.

#### Participant Release

I am the parent or legal guardian of: \_\_\_\_\_ (the “Student”), who is under 18 years of age, and I 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

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 relations 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Payment Information

( ) Cheque enclosed made payable to: Theatre Aquarius Inc.      ( ) Charge to:      ( ) VISA\*      ( ) MasterCard      ( ) AMEX

\* we cannot process VISA Debit cards

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiry Date

\_\_\_\_\_  
CVD (security code)

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Date