

REGISTRATION FORM

for The Brampton Theatre School Classes



| | | | |
|--|-----------------|-----------------------|------|
| Year: | | Semester: | |
| STUDENT INFORMATION: (one registration form per child please) | | | |
| Last Name: | | First Name: | |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | | Health Card #: | |
| Doctor's Name: | | Doctors #: | |
| Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO | | If Yes: | |
| Special Needs / Disability: <input type="checkbox"/> YES <input type="checkbox"/> NO | | If Yes: | |
| Medication: <input type="checkbox"/> YES <input type="checkbox"/> NO | | If Yes: | |
| Student's Home Phone #: | | Email Address: | |
| Home Address: | | | |
| City: | | Postal Code: | |
| FAMILY INFORMATION: | | | |
| Mother's Last Name: | | Mother's First Name: | |
| Home Phone #: | | Business Phone #: | |
| Home Address: | | Email Address: | |
| City: | | Postal Code: | |
| Father's Last Name: | | Father's First Name: | |
| Home Phone #: | | Business Phone #: | |
| Home Address: | | Email Address: | |
| City: | | Postal Code: | |
| PROGRAM DETAILS FOR STUDENT: | | | |
| Name of Program: | Day of Program: | Start Date: | Fee: |
| | | | |
| | | | |
| IN CASE OF EMERGENCY: (To be used if both parents can not be reached) | | | |
| Contact 1 Last Name: | | Contact 1 First Name: | |
| Reachable #: | | Relation : | |
| Contact 2 Last Name: | | Contact 2 First Name: | |
| Reachable #: | | Relation: | |
| METHOD OF PAYMENT: (Cheques made payable to BRAMPTON THEATRE SCHOOL) | | | |
| <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH | | TOTAL: | |

Waiver:

I hereby certify and represent that I have legal authority to authorize medical care and consent for the registrant listed. I authorize staff of The Brampton Theatre to provide such medical care as it may deem necessary in the event of injury and I agree to pay for all expenses incurred thereby. I agree to release and discharge and indemnify and save harmless, The Brampton Theatre School and its employees from and against all claims, proceedings and/or actions, by whomsoever made or brought, in respect of any costs, losses, damage or injury arising by reason of the participation of the registered in the programs undertaken by the Brampton Theatre School.

Parent / Guardian Signature _____

Registration and payment to be returned to Brampton Theatre School, BEFORE the start of classes.

Brampton Theatre School | 1 Nelson Street West- Unit 11 Brampton, Ontario L6X 3E4 | Phone Number: 905-450-7007 | Email: bramptontheatreschool@live.com