

Cambridge Community Players Youth & Children's Program Registration Form 2014
P.O Box 1237 Cambridge Ontario, N1R 6C9

CHILD INFORMATION

Child's Name: _____
Full Name

Address: _____
Street & Number City Province Postal Code

Gender: _____ Birthday: _____ E-Mail: _____
(day / month /year)

Name(s) of people to whom the child may be released: _____

PARENT INFORMATION

Name of Parent/Guardian: _____

Address(If different than above): _____
Street & Number City/Town Province Postal Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Program	X	Winter Term Only	X	Two Terms
Theatre Tots 3.5 - 5 years of age		Saturday 9:30- 10:15 AM (45 minutes) January 11, 2014- March 8, 2014 \$70 - Winter Term - 9 weeks		Saturday 9:30- 10:15 AM (45 minutes) January 11, 2014 - May 10, 2014 \$135 - Two Terms - 17 weeks
Theatre Tykes 6 - 7 years of age		Saturday 10:30- 11:15 AM (45 minutes) January 11, 2014- March 8, 2014 \$70 - Winter Term - 9 weeks		Saturday 10:30- 11:15 AM (45 minutes) January 11, 2014 - May 10, 2014 \$135 - Two Terms - 17 weeks
Theatre Troupers 8 - 12 years of age		Saturday 11:30 AM - 12:30 PM (1 hour) January 11, 2014- March 8, 2014 \$90 - Winter Term - 9 weeks		Saturday 11:30 AM - 12:30 PM (1 hour) January 11, 2014 - May 10, 2014 \$175 - Two Terms - 17 weeks
Theatre Troupers Advanced 8 - 12 years of age		Saturday 1:00 - 2:00 PM (1 hour) January 11, 2014- March 8, 2014 \$90 - Winter Term - 9 weeks		Saturday 1:00 - 2:00 PM (1 hour) January 11, 2014 - May 10, 2014 \$175 - Two Terms - 17 weeks
Theatre Teens Advanced 14 - 17 years of age		Monday 7:30 - 9:00 PM (1.5 hours) January 6, 2014 - March 10, 2014 \$125 - Winter Term - 8 weeks		Monday 7:00 - 8:30 PM (1.5 hours) January 6, 2014 - May 5, 2014 \$245 - Two Terms - 15 weeks
Theatre Teens 13 - 16 years of age		Monday 7:30 - 9:00 PM (1.5 hours) January 6, 2014 - March 10, 2014 \$90 - Winter Term - 8 weeks		Monday 6:00 - 7:00 PM (1 hours) January 6, 2014 - May 5, 2014 \$175 - Two Terms - 15 weeks
Teen Musical Theatre 13 - 16 years of age		Saturday 2:00 - 3:00 PM (1 hour) January 11, 2014- March 8, 2014 \$100 - Winter Term - 9 weeks		Saturday 2:00 - 3:00 PM (1 hour) January 11, 2014 - May 10, 2014 \$195 - Two Terms - 17 weeks
Teen Improv 13 - 16 years of age		Saturday 3:00 - 4:00 PM (1 hour) January 11, 2014- March 8, 2014 \$100 - Winter Term - 9 weeks		Saturday 3:00 - 4:00 PM (1 hour) January 11, 2014 - May 10, 2014 \$195 - Two Terms - 17 weeks

- 1) Cancellation Policy: I understand that all fees are due with the submission of this Registration Form and that there are refunds available before the commencement of the program and must be requested in writing. Refunds are for fees less 15% for administration fees. After programs begin, no refunds can be issued. There are no refunds for missed programs. NSF cheques will be subject to a \$25.00 surcharge.
- 2) Cambridge Community Players reserves the right to change or cancel any program for which there are insufficient paid registrations. Cambridge Community Players reserves the right to set maximum numbers in & change locations of any program.
- 3) For the safety of all children with allergies, we require that no nut products are brought to any of our rehearsal/show locations.
- 4) For the safety and health of participants, volunteers & staff we request that no perfume is to be worn at any of our rehearsals/show locations and that we have the right to limit the amount of hairspray used.

MEDICAL INFORMATION

Is your child currently under a Doctor's care? (If "yes", please describe):

Yes: _____ No: _____

Does your child have any dietary restrictions? If yes please list/explain:

Yes: _____ No: _____

Does your child suffer from any medical conditions such as allergies, asthma and disease? If "yes", please list and explain in detail the medical condition:

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Aspergers Syndrome, Cerebral Palsy? If "yes", please list and explain in detail the special need:

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain his/her safety and the safety of the other children? If "yes", please list and explain in detail the behavioural issues/concerns:

Is your child physically able to take part in all program activities?

Yes: _____ No: _____

If no, please list restrictions: _____

CONSENTS

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km. radius from the Cambridge Arts Theatre?

Yes: _____ No: _____

In the case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s).

A. In the event of a medical emergency do you hereby grant permission for the staff of Cambridge Community Players who are trained in emergency first aid and CPR to attend to your child?

Yes: _____ No: _____

B. In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Cambridge Community Players staff, to hospitalize and/or secure proper treatment for your child?

Yes: _____ No: _____

Do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or by Cambridge Community Players public relations and promotions?

Yes: _____ No: _____

Signature of Parent/Guardian

Date

Total owing for this participant \$ _____ Total Paid \$ _____ Date: _____

Please make cheques payable to Cambridge Community Players

Cash _____ Cheque _____ Visa _____ M/C _____ Debit _____