

REGISTRATION FORM

CHILD

Name | First _____ | Middle _____ | Last _____
Age ____ | Grade ____ | Date of Birth (mm/dd/yyyy) / / ____ | Gender ____ | Preferred Pronoun ____
Address | Street # _____ | Apt or Unit _____ | Street Name _____ |
City _____ | Province _____ | Country _____ | Postal Code _____
Primary Contact # _____ Secondary Contact # _____ Email _____

PARENT|GUARDIAN # 1

Name | First _____ | Middle _____ | Last _____
Age ____ | Date of Birth (mm/dd/yyyy) ____ / ____ / ____ | Gender ____ | Preferred Pronoun ____
Address | Street # _____ | Apt or Unit _____ | Street Name _____ |
City _____ | Province ____ | Country ____ | Postal Code _____
Primary Contact # _____ Secondary Contact # _____ Email _____

PARENT|GUARDIAN # 2

Name | First _____ | Middle _____ | Last _____
Age ____ | Date of Birth (mm/dd/yyyy) ____ / ____ / ____ | Gender ____ | Preferred Pronoun ____
ADDRESS | Street # _____ | Apt or Unit _____ | Street Name _____ |
City _____ | Province ____ | Country ____ | Postal Code _____
Primary Contact # _____ Secondary Contact # _____ Email _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1
First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____
Permission to Pick Up (Yes or No) __

Emergency Contact #2
First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____
Permission to Pick Up (Yes or No) __

MEDICAL INFO

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u> Yes/No
_____	_____	_____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of medication?

Yes_No_____ If yes, explain: _____

IN CASE OF MEDICAL EMERGENCY

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached or any listed emergency contact, I authorize RAIL CITY THEATRE and it's staff to use their judgment and arrange for the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Please circle how you heard about the YOUTH ACTING PROGRAM

Website School Word of Mouth Flyer Social Media Other _____

Terms of Agreement

Payment Options

Tuition is **\$399.99** plus HST which equals **\$451.99**. You are required to pay **\$50.00 deposit** to hold a space with the remaining fees due January 15th, 2024. There is a \$50.00 credit per additional child you enroll with us applied to all of your children. You can pay by cheque, cash, e-transfer, or credit card. Payment plans are available and can be discussed by contacting Rail City Theatre @ 226.236.7552 or by emailing info@railcitytheatre.com

Cancellation Dates

You agree to forfeit your **\$50.00 deposit** if cancellation is received after **January 15th 2024**
initial

If cancellation occurs after **January 15th, 2024**, for reasons other than medical or family emergency your entire fee is forfeit
initial

If cancellation occurs after **January 15th, 2024**, for a valid medical issue or family emergency your fee will refunded in its entirety
initial

Photo Release

I hereby give permission for my child to be photographed during the **YOUTH ACTING PROGRAM**. I understand the photos will be used to share on our social media channels and website for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed without permission, I do not expect compensation and that all photos are the property of **RAIL CITY THEATRE**

Permission to use photo | Yes or No

Parent's/Guardian's Initials _____

Permission to use name along with photo | Yes or No

Parent's/Guardian's Initials _____

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____