

# REGISTRATION FORM

## STUDENT

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 \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact #1  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relationship \_\_\_\_\_

Please circle how you heard about Acting for Adults

Website \_\_\_\_\_ School \_\_\_\_\_ Word of Mouth \_\_\_\_\_  Flyer \_\_\_\_\_ 2018 Social Media \_\_\_\_\_ Other \_\_\_\_\_

## Terms of Agreement

### Payment Options

The program fee is **\$249.99** plus HST which equals **\$282.49**. You can pay by cheque, cash, e-transfer, or credit card.

### Cancellation Dates

If cancellation occurs after **February 15th, 2025**, for a valid medical issue or family emergency your fee will refunded in its entirety  
initial

### Photo Release

I hereby give permission to be photographed during the ACTING FOR ADULTS 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 do not expect compensation and that all photos are the property of **RAIL CITY THEATRE**

Permission to use photo | Yes or No Initials \_\_\_\_\_

Permission to use name along with photo | Yes or No Initials \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_