



Registration Form

March Break

Date: _____

Last Name: _____ First Name: _____

Parent/Guardian Name: _____ Relationship: _____

Home Tel: _____ Business Tel: _____ Cellular: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

email address: _____

Age (last birthday): _____ Date of Birth: _____ Health Card Number: _____

Emergency Contact Name: _____ Phone: _____

Physician: _____ Phone: _____

Allergies: _____ Carries EPIPEN: _____

Medic Alert: _____

Please list any medical information, physical or emotional, that may be helpful to our staff:

I would like to register for: March Break Camp (ages 6-12)

_____ **March Break** (March 14 - 18) Monday to Friday 9 - 4pm

_____ **March Break Before program** (March 14 - 18) Monday - Friday 8 - 9am

_____ **March Break After program** (March 14 - 18) Monday - Friday 4 - 6pm

Enrollment Fee - \$150.00 per child for the week. (No GST).

Please carefully read and sign the Terms and Conditions on the reverse side.

Choice of payment method: VISA/MC _____ Cash _____ Cheque _____ Payable to "Marquee Theatrical Productions Inc"

Card # _____ Expiry Date: _____

Signature: _____

TERMS AND CONDITIONS

Full payment for the March Break program of \$150.00 (\$50 non-refundable) is required with this registration form. Pro-rated refunds are only available up until the completion of our 1st day. Students who leave any program after these deadlines, for any reason, will forfeit all monies paid to Marquee Theatrical Productions Inc.

Students and parents will be required to sign a statement of agreement, regarding acceptable student behavior, before program begins.

Program will run:

1 week March Break Program (March 14 - 18) Monday to Friday 9 – 4pm

1 week March Break Before program (March 14 - 18) Monday – Friday 8 – 9am

1 week March Break After program (March 14 - 18) Monday – Friday 4 – 6pm

The show will be presented at Marquee Theatrical Productions studio Friday evening on March 18 at 7pm.

By signing below, I am allowing my child to participate in all Marquee Theatrical Productions Inc. program activities, and I give Marquee Theatrical Productions Inc. and it's staff authority to act on my behalf. I release and indemnify Marquee Theatrical Productions Inc., its Directors, Management and employees from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in a Marquee Theatrical Productions Inc. program.

Marquee Theatrical Productions Inc. reserves the right to substitute selected shows and production venues based on licensing, and enrollment. Substituted shows will be musicals of same or similar quality.

I consent to the use of my child's likeness for publicity purposes.

Students should wear soft-soled shoes and comfortable clothing for indoor activities, outdoor attire appropriate for the weather. Students will need to bring a lunch, snacks for the day and bathing suit and towels for the pool.

I accept the above terms and conditions:

Date: _____

Signature of Parent/Guardian: _____

(Please print name) _____

Please return completed form, with payment, to: **Marquee Theatrical Productions**
#1 – 73 Industrial Parkway North
Aurora, Ontario L4G 4C4
(905) 713-1040

For office use only

Amount Paid \$ _____ *Date Paid:* _____ *Method:* _____

Balance Owing \$ _____ *Date Paid:* _____ *Method:* _____

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