



## REGISTRATION FORM

### Theatre Collingwood 2019 Summer Drama Camp

- Session #1: July 8<sup>th</sup> – 12<sup>th</sup> (ages 7-10)       Session #2: July 15<sup>th</sup> – 19<sup>th</sup> (ages 11-14)
- Session #3: August 12<sup>th</sup> – 16<sup>th</sup> (ages 7-10)       Session #4: August 19<sup>th</sup> – 23<sup>rd</sup> (ages 11-14)

Participant Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_

Parent/Guardian 1 (Primary emergency contact)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian 2 (Secondary emergency contact)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Information the Instructor should be aware of (medical or other)?**  
**(Please e-mail [info@theatrecollingwood.ca](mailto:info@theatrecollingwood.ca) if necessary)**

## **Waiver**

THIS RELEASE FORM MUST BE SIGNED AND SUBMITTED BEFORE THE REGISTRATION CAN BE PROCESSED AND CONFIRMED.

I hereby certify and represent that I have legal authority to authorize medical care and consent for the registrant listed. I authorize staff of Theatre Collingwood's Summer Camp Program 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, Theatre Collingwood 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 Theatre Collingwood.

I consent to the use of the likeness (including still photographs and video) of the Participant in connection with the Summer Camp Program and related institutional promotional purposes throughout the world and without any compensation, I expressly release the Theatre, its officers, directors, agents, employees, licensees and assigns from and against any and all claims for invasion of privacy, defamation, infringement of copyright or any other case of action that may arise out of such use.

Theatre Collingwood reserves the right to decline or de-register a participant at any time. Programming subject to change.

I agree to the terms.

Your Printed Name: \_\_\_\_\_

Participant name (if different)\_\_\_\_\_

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

### GENERAL INFORMATION:

- The participant's release form must be signed and submitted before the registration can be confirmed.
- Sessions require sufficient enrollment.

### **PAYMENT:**

Registration Fee: \$160.00 + \$20.80 (HST) = \$180.80

**METHODS OF PAYMENT AVAILABLE: Cash, Cheque, Debit, Visa, Mastercard.**

**DO NOT SEND CREDIT CARD INFO VIA THE INTERNET**

### **Return Registration & Payment to:**

Theatre Collingwood, 104-115 Hurontario Street, Collingwood, Ontario, L9Y 2L9

(Mon-Fri between 10am - 5pm)

(705) 445-2200 • info@theatrecollingwood.ca • [www.theatrecollingwood.com](http://www.theatrecollingwood.com)



Summer 2019

Dear Parent/Guardian:

We are excited to welcome the participant that you are responsible for to our Summer Drama Camp. While exploring various drama techniques, we hope to spend some time outdoors! By signing this form, you are agreeing to give permission for the participant that you are responsible for to attend outings to local parks and recreational areas within walking distance of the Simcoe Street Theatre (located at 65 Simcoe Street) during drama camp sessions.

It is our intent for our campers to “Put More PLAY In Your Life!”

Erica Angus  
Executive Director  
Theatre Collingwood

---

I \_\_\_\_\_ give the participant that I am responsible for,  
\_\_\_\_\_ permission to travel to parks and outdoor  
recreation areas within walking distance of the Simcoe Street Theatre during the 2019  
Summer Drama Camp Sessions.

Parent/Guardian Signature: \_\_\_\_\_