

DRIFTWOOD THEATRE SCHOOL
Registration Form 2014/2015

Course _____

Student's name _____ D.O.B. _____

Age _____ Grade _____ School _____

Home Address _____

E-mail _____ Cell _____

Mother/Guardian _____

Home Phone _____ Cell _____

E-mail _____

Father/Guardian _____

Home Phone _____ Cell _____

E-mail _____

Family Doctor: _____ Phone _____

BC Personal Health Care # _____

Emergency contact _____

Emergency Phone # _____

Guardian Signatures (1) _____

Date: _____ (2) _____

(Office only)

* \$25 will be charged for NSF cheques

Term 1 Full Payment: \$ _____ Date: _____

Post-Dated cheques \$ _____ \$ _____ \$ _____

Post-Dated Dates _____

Term 2 Full Payment: \$ _____ Date: _____

Post-Dated cheques \$ _____ \$ _____ \$ _____

Post-Dated Dates _____

Additional Information

Past involvements in the performing arts: _____

Health issues/Special Needs _____

How did you hear about Driftwood Theatre School?

Newspaper _____ Brochure _____ Television _____

On-Line _____ Friend _____ Other _____

Liability Agreement

I, _____, as

parent/guardian of _____

agree to hold harmless the Driftwood Players Driftwood Theatre School, their officers, or staff for any claims or injuries sustained during drama classes, performances or rehearsals.

Signature: _____ Date: _____

Publicity Waiver

I hereby give my consent to Driftwood Players Driftwood Theatre School to use the above-named student's image in the form of a photograph, videotape, likeness or any other recording or reproductions for promotional purposes without payment of any fee or charge.

Signature: _____

Date: _____

09/03/14