



# THEATRE ARTS CAMP 2019

Celebrating 20 Years

## REGISTRATION FORM

Please complete all information as requested. All information received will be kept confidential. Please print clearly or type.  
Add Before/After care: \$10/day

### Summer Day Camp: July 2 to 5

Grades 1 to 3

Grades 4 to 6

#### STUDENT INFORMATION:

Name \_\_\_\_\_ Gender: \_\_\_\_\_

Current grade level: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Province/State Postal/Zip code*

Tel: \_\_\_\_\_ Participant's E-mail: \_\_\_\_\_

Parent or Guardian's E-mail: \_\_\_\_\_

#### INFORMATION WE SHOULD BE AWARE OF (MEDICAL OR OTHER):

Provide all applicable details:

#### PARENT/GUARDIAN CONTACT INFORMATION:

Name of Parent or Guardian: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Name of Person picking up student (if other than parent or guardian): \_\_\_\_\_

Phone number of person picking up student: \_\_\_\_\_

Emergency Contact if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Student's Family Physician: \_\_\_\_\_ Tel: \_\_\_\_\_

Where did you hear about the program?

## PAYMENT OF REGISTRATION FEE & SUBMISSION OF REGISTRATION FORM

### To complete your registration:

**1. Pay the registration fee online [here](#).**

\*If you do not already have an account with the Stratford Festival, you will be asked to create one. Please use one of the email addresses included on this form for the account and note which email you will use as you will need it to login in the future.

**2. Email the completed registration form to: [educate@stratfordfestival.ca](mailto:educate@stratfordfestival.ca)**

If you prefer to pay by cheque or money order, please make them payable to The Stratford Festival and mail it with the registration form to the following address: The Stratford Festival, Theatre Arts Camp, P.O. Box 520, Stratford, ON N5A 6V2

**Please note:** Your registration will not be complete until both the registration form is received and the fee has been paid.

### TERMS OF REGISTRATION AND ENROLLMENT

WE, THE UNDERSIGNED, do hereby make application for the undersigned applicant to attend *The Stratford Festival Theatre Arts Camp* (hereinafter referred to as "TAC") in Stratford, Ontario. We, the undersigned, do therefore jointly and severally agree as follows that:

We understand TAC reserves the right to accept or reject registrants, or to withdraw services from participants at its sole discretion for reasons which, in the opinion of TAC, are in the best interests and welfare of all participants.

Once the participant is on site, refunds will not be made if they leave early by choice or for disciplinary reasons.

We understand that participants in TAC may be photographed or filmed while attending the program, and that Stratford Festival reserves the right to use these photographs/videos for promotional purposes.

#### Participant Release, Indemnity and Waiver

You acknowledge that participation and attendance at the Stratford Festival are completely voluntary and agree that you have read, understood, accept and voluntarily sign this agreement, and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

You acknowledge that by participating in TAC there is a potential for injury when participating in physical activities. You assume the risk of all conditions, whether apparently dangerous or otherwise, on and about Stratford Festival and the Stratford General Hospital Residence premises and you waive any and all specific notice of the existence of such conditions.

You release and forever discharge the Stratford Festival, its Directors, Officers, Agents and Employees (hereinafter referred to as "Releasees") from all liability to the undersigned for any claims, demands, damages, right or action, or causes of action, past, present, or future, anticipated, or unanticipated any loss or damage, including but not limited to any physical, mental or emotional harm which you, or as applicable your child/ward may suffer, and agree not to make any claim or demands therefore, on account of injury to the person or property or resulting in death of yourself or as applicable your child/ward, whether caused by the negligence of the Releasees or otherwise, arising from the attendance and participation of yourself or as applicable your child/ward in the aforementioned programs and activities.

You indemnify and hold harmless the Releasees from any claims made in respect of or liability arising out of your actions or conduct during your participation in TAC programs.

You hereby confirm that yourself or as applicable your child/ward is medically fit to undertake this program or activities, and that that you have disclosed below any condition (medical or other) that may affect your child's/ward's safety or performance of the program or activities.

This document shall bind the heirs, estate trustees, successors and assigns of yourself, or as applicable your child/ward. It shall be construed in accordance with the laws of Ontario and the laws of Canada applicable therein.

You agree to abide by all applicable Stratford Festival rules and regulations while on the premises and while participating in the program or activities, including Health and Safety regulations, and to follow the directions or instructions as provided by Stratford Festival Staff.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Printed Name of Signor