



Dean Hollin's
**MUSICAL
 THEATRE CAMP** *Since 2011*

August 6th to 16th (Mon thru Fri) 9 am to 4:30pm daily
Performance on stage Friday, August 16th Ages 8 - 14



Meaford Culture Foundation BURSARIES are available at www.meafordculture.ca or at the Meaford Hall Box Office

PART A: Family Information

| | | |
|----------------------|---------------------------|-------------|
| Parent/Guardian Name | | |
| Family Address | City | Postal Code |
| Email | Emergency Contact Phone # | |

PART B: Student #1

| | | |
|---|-----|--|
| 1. Student's Name | Age | Birth Date dd/mm/yy |
| Family Medical & Special Needs Information | | Please complete the following information for all participants with medical or special needs. |
| Health Card Number | | |
| 1. Allergies <input type="checkbox"/> 2. Physical/Development Impairment <input type="checkbox"/> 3. ADD/ADHD <input type="checkbox"/> 4. Behavioural Conditions <input type="checkbox"/> 5. Other Special Conditions | | |
| Specify medical or special need: _____ | | |
| Request one-on-one assistance <input type="checkbox"/> Yes <input type="checkbox"/> No (Extra charges may apply) | | |

PART B: Student #2

| | | |
|---|-----|--|
| 2. Student's Name | Age | Birth Date dd/mm/yy |
| Family Medical & Special Needs Information | | Please complete the following information for all participants with medical or special needs. |
| Health Card Number | | |
| 1. Allergies <input type="checkbox"/> 2. Physical/Development Impairment <input type="checkbox"/> 3. ADD/ADHD <input type="checkbox"/> 4. Behavioural Conditions <input type="checkbox"/> 5. Other Special Conditions | | |
| Specify medical or special need: _____ | | |
| Request one-on-one assistance <input type="checkbox"/> Yes <input type="checkbox"/> No (Extra charges may apply) | | |

PART C: Photograph Release & Waiver

I give permission for the Municipality of Meaford to take photographs of my children during this program session for use in future promotional materials.

Signature: _____

WAIVER - All Registrants must sign and agree to waiver.

I agree to release and save harmless the Municipality of Meaford, and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in the program by myself or the person(s) who are shown as the "student(s)".

Signature: _____

PART D: Method of Payment

COST: \$600 A \$200.00 deposit is required upon registration. DEPOSIT IS NON-REFUNDABLE. Balance of \$400 is due on July 16, 2019.

Cash Debit MasterCard Visa

Card #

Expiry Date CID # Total: \$

Card Holder Name (please print): _____

Signature: _____