



# THEATRE WEST

106 AVE. ASHGROVE, #7, PTE-CLAIRE, QC. H9R-3N4 (514) 629-9558

**ONLY ONE STUDENT PER REGISTRATION FORM PLEASE...**

## REGISTRATION FORM SUMMER CAMP 2017

THEATRE AND MOVIE CAMPS FOR KIDS SINCE 1993

STUDENT'S FIRST NAME: \_\_\_\_\_ STUDENT'S LAST NAME: \_\_\_\_\_

(MOTHER'S NAME): \_\_\_\_\_ (FATHER'S NAME): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TEL. (HOME): ( ) \_\_\_\_\_ - \_\_\_\_\_ (OFFICE): ( ) \_\_\_\_\_ - \_\_\_\_\_ (CEL): ( ) \_\_\_\_\_ - \_\_\_\_\_

E - MAIL (PARENT) \_\_\_\_\_ STUDENT'S AGE: \_\_\_\_\_ *(as of September 1, 2016)*

E - MAIL (STUDENT) \_\_\_\_\_ STUDENT'S BIRTHDATE: \_\_\_\_\_  
DAY MONTH YEAR

### MEDICAL INFORMATION

MEDICARE CARD # \_\_\_\_\_

ALLERGIES / ASTHMA \_\_\_\_\_ CHRONIC ILLNESSES \_\_\_\_\_

IS THE CHILD TAKING MEDICATION? \_\_\_\_\_

ANY OTHER INFORMATION THAT THE CAMP STAFF SHOULD BE AWARE OF? \_\_\_\_\_

Parents Authorization: In the event that I cannot be reached, I hereby grant permission by the signing of this document for the Physician selected by the Theatre West Summer Camp to administer medical attention as required for my child as named above.

#### IMPORTANT NOTE: (RELEASE WAIVER)

Due to the nature of our programs, I hereby grant permission for my child to be filmed, photographed, recorded, and or Video taped by the Theatre West Camp director. I fully agree and understand that these mechanical reproductions will be used by Theatre West for educational and marketing purposes only. Any images or videos obtained, may not be reproduced or distributed for the purpose of profit without the expressed written consent of Theatre West.

**TUITION FEES:** \$300.00 per student per week. All taxes are included.

\$250.00 early bird discount (before April 21<sup>st</sup>)

**REFUND POLICY:** As our camp only accepts 14 students per week, space is therefore very limited. As a result, there is a non-refundable deposit of \$100.00 which is included in your tuition fees. Please make sure you want to attend the camp before registering. Cancellations made after your registration is received will be charged with an additional 20% cancellation penalty. There is no refund for any cancellation made 14 days prior to the start of the camp week.

#### PLEASE INDICATE THE CAMP(S) YOU ARE REGISTERING FOR:

##### YOUTH CAMP *(Ages 8 - 12 years)*

July 17<sup>th</sup> - July 21<sup>st</sup>, 2017

July 24<sup>th</sup> - July 28<sup>th</sup>, 2017

##### TEEN CAMP *(Ages 13 - 15 years)*

July 31<sup>st</sup> August 4<sup>th</sup>, 2017

August 7<sup>th</sup> - 11<sup>th</sup>, 2017

Parents or Guardians signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2017

**\*\* IMPORTANT** - Our Theatre and Film camps are operated from our facility at Valois United Church, 70 Belmont, in Pte-Claire, Quebec.

PLEASE NOTE that our camp and office addresses are not the same, and that all payments should be sent to our office address found on the top of this form.

**Please make all cheques payable to Cassia West.**