



**Address:** 223 Queen Street South, Mississauga

**Telephone:** (416) 525- 6525

**Website:** [www.staractingstudios.com](http://www.staractingstudios.com)

**Email:** info@staractingstudios.com

## Student Information

Last Name:	First Name:	Gender:	Birth Date:
Circle Program:			
Star lights (Ages 5-8)	Shooting Stars (Ages 9-13)	Shining Stars (Ages 14-16)	
Address:		APT. / UNIT #:	
City / Town:	Postal Code:	Phone:	
List of Allergies:	Comments or Concerns about the Student:		
Emergency Contact Name:	Emergency Contact Phone:	Relationship to Student:	

## Parent/Guardian Information

Last Name:	First Name:		
Phone:	Email:	Relationship to Student:	
How did you hear about us?	What is the main reason you have enrolled your child?		

## Liability Release

I hereby release Star Acting Studios from all liability and claims arising in relation to any matter including personal injury, damage or the loss of property from participation in any activity. I hereby release Star Acting Studios from any claims, suits, actions and prosecutions by reason of any activity carried out by myself and/or the enrolled participant whether on or off the premises where Star Acting Studios classes are held.

I will state in advance if there are any medical or other related conditions that might present an issue with respect to Star Acting Studios' ability to accommodate a particular participant. Once this information has been disclosed, I understand Star Acting Studios will only then issue a refund for the remaining classes. I understand Star Acting Studios reserves the right to request a withdrawal of a student from the program, at their own discretion, where it is judged that the needs of the particular participant cannot be accommodated. I understand that a refund will not be issued in this case because I believe that my child is physically, emotionally and mentally able to participate in the programs, activities and events at Star Acting Studios. I give permission to the program staff at Star Acting Studios to arrange any emergency medical care including hospitalization/transportation, if deemed necessary. All participants are responsible for their own medical coverage.

## Photo Release

I give Star Acting Studios full permission to photograph, videotape, film and/or interview myself and/or the enrolled participant and publish said photographs, videography, and/or interviews in Star Acting Studios publications/printed material, including marketing promotional materials, and official website. I release and forever discharge Star Acting Studios from all actions, causes of actions, claims and demands with respect to any such use except as agreed in writing.

## Withdrawals

If you wish to cancel your registration, requests must be received in writing at least two weeks prior to the first day of the start date. An administration fee of \$50 will be charged for each cancellation. There are no refunds once the program begins. You will not be refunded for unattended days.

Star Acting Studios reserves the right to cancel or re-schedule a class. All times and locations are subject to change. If the program is cancelled, you will be given 10 days' notice prior to the first day of classes and will be issued a full refund. If a time/location is changed or rescheduled, you will be notified 10 days before the first day of class.

I am indicating that I have read, understood and accepted this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Printed Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
----------------------------------	-------------------------------	-------