



REGISTRATION FORM: 2019/2020

Child's Name: _____ Age (as of Sept/19): _____ Male: ___ Female: ___ D.O.B. _____

Allergies/Special Requirements: _____

Street No.: _____ Street Name: _____ Town/City: _____ Postal Code: _____

Parent/Guardian: _____ Home Phone: _____ Alt. Phone: _____

Contact Email: _____ Emergency Contact: _____ Phone: _____

Additional Contact email: _____ How did you hear about us: _____

Is there anything else you wish us to know about your child? _____

PROGRAMS - PLEASE CHECK THE APPROPRIATE BOXES

**LITTLE STARS:
SATURDAYS 9:30 AM - 10:30 AM**

**SUMMER CAMP
JULY 2-12/19
9 AM - 4 PM**

Session #1: Nov.26/19 - Feb.8/20

Session #2: Feb.22 - May 2/20

- | | | |
|--|---|---|
| <input type="checkbox"/> The Adventures of Peter Pan | <input type="checkbox"/> Who's Afraid of the Big, Bad Wolf? | <input type="checkbox"/> Robyn and Her Band of Hoods |
| <input type="checkbox"/> \$75 Non-Refundable Deposit | <input type="checkbox"/> \$75 Non-Refundable Deposit | <input type="checkbox"/> \$125 Non-Refundable Deposit |
| <input type="checkbox"/> \$265 Full Registration Payment | <input type="checkbox"/> \$265 Full Registration Fee. | <input type="checkbox"/> \$485 Full Registration Fee. |

YOUNG PERFORMERS: MUSICAL
Class A: Mondays and Wednesdays, 4:30 - 6:00 pm
Class B: Mondays and Wednesdays, 6:30 - 8:00 pm
Class C: Tuesdays and Thursdays, 4:30 - 6:00 pm

SEPT.11-DEC.22/19

FEB.24-JUNE14/20

- | | |
|---|---|
| <input type="checkbox"/> Annie, CLASS A | <input type="checkbox"/> Guys and Dolls, CLASS A |
| <input type="checkbox"/> Annie, CLASS B | <input type="checkbox"/> Guys and Dolls, CLASS B |
| <input type="checkbox"/> Annie, CLASS C | <input type="checkbox"/> Guys and Dolls, CLASS C |
| <input type="checkbox"/> \$125 Non-Refundable Deposit | <input type="checkbox"/> \$125 Non-Refundable Deposit |
| <input type="checkbox"/> \$595 Full Registration Fee | <input type="checkbox"/> \$595 Full Registration Fee |

YOUNG PERFORMERS: DRAMA
SATURDAYS, 11 AM-1 PM
NOV.2/19-FEB.8/20

- Ghosts at the Grange
- \$125 Non-Refundable Deposit
- \$470 Full Registration Fee

TEEN TROUPE:

Session #1: Sept. 12/19 – Feb. 13/20

Musical Theatre: Mamma Mia!

Thursdays:

Sept. – Dec. 6:30 – 9:00 pm

Jan. – Feb. 6:30 pm – 9:30 pm

- Mamma Mia
- \$150 Non-Refundable Deposit

Session #2: March 7– 8/20

Drama: Our Town

Thursdays:

6:00 pm – 8:00 pm

- Our Town
- \$125 Non-Refundable Deposit
- \$520 Full Registration Fee

THE FULL REGISTRATION FEE IS AS POSTED. THERE ARE NO ADDITIONAL TAXES OR FEES.

A MINIMUM, NON-REFUNDABLE DEPOSIT PER SESSION IS REQUIRED TO SECURE YOUR CHILD'S PLACE IN THE PROGRAM.

THE BALANCE OF THE REGISTRATION FEE IS REQUIRED TO BE PAID IN FULL ON OR BEFORE THE FIRST CLASS OF EACH SESSION. A \$35 NSF FEE WILL BE CHARGED FOR ALL CHEQUES THAT DO NOT CLEAR BROADWAY NORTH YOUTH THEATRE'S FINANCIAL INSTITUTION.

RECEIPTS AND ANY INCENTIVE DISCOUNTS WILL BE ISSUED ONCE PAYMENT HAS BEEN RECEIVED IN FULL. IF YOUR CHILD WITHDRAWS FROM A PROGRAM ONCE CASTING HAS BEEN ANNOUNCED, NO REFUNDS OF THE FULL REGISTRATION FEE WILL BE ISSUED. THIS INCLUDES ANY AND ALL OUTSTANDING POST-DATED CHEQUES WHICH YOU AGREE TO HONOUR. BROADWAY NORTH YOUTH THEATRE RESERVES THE RIGHT TO SUBSTITUTE AN ADVERTISED SHOW IN ANY OF OUR PROGRAMS DUE TO UNFORSEEABLE CIRCUMSTANCES SUCH AS ENROLLMENT OR LICENSING ISSUES. ANY SUBSTITUED SHOW WILL BE OF SIMILAR OR EQUAL QUALITY.

By checking this box, I acknowledge the terms and conditions outlined above and agree to my child's participation in Broadway North Youth Theatre's musical theatre program. I further consent to the use of their likeness for promotional and educational purposes.

CONSENT

PROPER COMPORTMENT, CARE AND PERSONAL CAUTION AND RESPONSIBILITY FOR SAFE BEHAVIOUR IS EXPECTED FROM ALL REGISTERED PARTICIPANTS AND IS PRACTICED AND EMPHASIZED BY ALL STAFF AT BROADWAY NORTH YOUTH THEATRE.

THE REGISTRANT IS DEEMED MEDICALLY FIT TO UNDERTAKE THE "NORMAL" PHYSICAL REQUIREMENTS INHERENT IN A PERFORMING ARTS PROGRAM THAT INCORPORATES SOME DANCE ELEMENTS. I HEREBY GIVE BROADWAY NORTH YOUTH THEATRE AND ITS STAFF THE AUTHORITY TO ACT ON MY BEHALF AND I GRANT PERMISSION TO BROADWAY NORTH YOUTH THEATRE AND ITS STAFF TO ARRANGE FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION SHOULD IT BE DEEMED NECESSARY.

By checking this 2nd box, I acknowledge that I have read the above statements and agree to this medical waiver. I also agree to release and indemnify Broadway North Youth Theatre, its directors, management, and employees from any and all claims for damages arising as a result of any injury, accident, however caused, while my child is participating in a Broadway North Youth Theatre Program.

RELEASE

Parent Signature
