Date:

Charactors Theatre Troupe

Summer Theatre Arts Programs

Registration Form (Summer 2025)

Child's Surname:	First Name:	
Child's Date of Birth (DD/MM/YY):	Current Grade:	Pronouns:

1. Personal Information

Parent (1) Name:	Cell #: ( )
Parent (2) Name:	Cell #: ( )

Home Address (including postal code):	
Home #: ( )	Email Address:

2. Medical Information

Please state any allergies, physical or emotional difficulties, or other medical information useful to our staff:

3. Registration Information

Session(s) (please circle): **S.T.A.R** Camp: **I / II / III / IV** Teen **Summer Theater Arts: A / B**

Payment Method (please circle): E-Transfer* / Visa / MC

Total Payment Due: $

*E-transfers can be sent to: mail@charactors.ca

Deposit Enclosed: $

Visa/ MC #: _____ Exp: ____/____ CVV:_____

Cardholder will pay total amount shown to
Card issuer according to cardholder agreement. Signature: _____

Please debit the second and final installments directly from my credit card on April 1st and June 1st, respectively.

[ ] YES, or [ ] NO. Initial: _____

4. Terms of Enrollment

1. A non-refundable deposit of one third the total amount is due upon registration, with a further third due by April 1st, 2025 and the balance due by June 1st, 2025.
2. I understand that no refund will be issued with a withdrawal from the program after June 1st, 2025.
3. I am allowing my child to participate in all Charactors program activities. I give Charactors Theatre Troupe Staff authority to act on my behalf, and release and indemnify Charactors Theatre Troupe, 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 Charactors program.
4. I consent to the use of my child's likeness for publicity purposes, and I have read and understood the terms of enrollment in this program.

Parent/ Guardian Signature: _____ Date: _____

Scan/email or send high-resolution picture of completed form to: mail@charactors.ca