Date:

SPRING MUSICAL



Charactors Theatre Troupe
Musical Theatre Program
Registration Form (Jan 2027)

Surname:	Child's Name:	
Date of Birth (dd/mm/yy):	Grade (as of Sept 2026):	Pronouns:

Personal Information

Home Address:	
City:	Postal Code:
Home #: ( )	

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

Parent Email Address (to receive class memos and newsletters, only):

Medical Information

Please state any physical or emotional difficulties as well as any allergies and other necessary medical information.

Registration Information and Payment Options

Program:	Class Day:	Class Time:

[ ] Full payment (due at registration): $795 + HST = **$898.35**

Payment made by: [ ] **Visa** [ ] **MasterCard** [ ] **e-transfer** (to mail@charactors.ca)

Amount Enclosed: $ Visa/ MC #: Exp: CVV:

Cardholder will pay total amount shown to card issuer according to cardholder agreement.

Signature:_____. Date:_____

Conditions of Enrollment

- I am allowing my child to participate in all Char**actors** program activities. I give Char**actors Theatre Troupe** Staff authority to act on my behalf, and release and indemnify Char**actors 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 Char**actors** program.
- I consent to the use of my Child's likeness for publicity purposes, and I have read and understood the conditions of enrollment in this program.
- Due to the duration and limited size of the class, I understand that there are no refunds available for this program.

Parent/ Guardian Signature:_____ Date:_____