



REGISTRATION FOR PROGRAMS

WHERE DID YOU HEAR ABOUT THIS PROGRAM?

- Poster
 Recreation Brochure
 Newspaper
 Website
 Mailout
 Other

PARTICIPANT INFORMATION

Name: _____ M F

Date of Birth: _____

Address: _____

City: _____

Session Name: _____

Time: _____

Session: \$

Date(s): _____

GST: \$

Day(s) of the Week: _____

TOTAL: \$

Payment should be made through e-transfer or cash, check when you register

Failure to do so will invalidate registration. Check payment method below. (Admin cost is included in session amount.)

- Interac e-Transfer
 Charge Card no longer available
 Cash or Check (in person only)

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Address (if different than above) _____ Day Phone: _____ Email: _____

Other Phone: _____

PARTICIPANTS DOCTOR

Name: _____ Phone: _____

MEDICAL CONCERNS (Please list allergies or concerns that might interfere with participation in class activities)

Note: All information collected will remain private and is for emergency use only.

Conditions: _____

Health Card # _____ Medications: _____

Epi Pen? Yes No

AUTHORIZATION (For participants 5-17 years of age)

I acknowledge that I am the legal guardian of the participant to whom I give permission to register and participate in this class. I acknowledge that Dramavita will not be held liable for any damage or costs incurred due to personal injury of the participant throughout the progress of this class.

Signature of Parent or Guardian: _____ Date: _____

Dramavita may use photographs of this participant for promotional purposes: YES NO

Complete this form and e-mail de@dramavita.ca or drop off with payment to:

Dramavita Studio Theatre
 #19-109 Stocton Point,
 Okotoks, AB T1S 1B3
 P: 403-681-0572

(please use 1 form per participant)