



REGISTRATION FOR PROGRAMS

WHERE DID YOU HEAR ABOUT THIS PROGRAM?

Poster
 Social Media Ads
 Newspaper Website
 Referral
 Other

PARTICIPANT INFORMATION

Name:

M F

Date of Birth:

Address:

City:

Class Name:

Time:

CLASS: \$

Date(s):

GST: \$

Day(s) of the Week:

TOTAL: \$

Payment must be included with your registration or you must have made an E-Mail Transfer direct deposit. Failure to do so will invalidate registration. Check payment method below. (Admin cost is included.)

Interac e-Transfer
 Through Website 'WIX' (Charge Cards)
 Cash or Check (in person)

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)