



# Registration Form

## Summer Camp 2010

Date: \_\_\_\_\_

Childs Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business : \_\_\_\_\_ Cellular: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Age (last birthday): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Carries EPIPEN: \_\_\_\_\_ Medic Alert: \_\_\_\_\_

Please list any medical information, physical or emotional, that may be helpful to our staff:

\_\_\_\_\_  
\_\_\_\_\_

I would like to register for:

Sorry this Camp is full - "Grease" July 12-23<sup>rd</sup> 2010 \_\_\_\_\_ "Grease" July 26-Aug. 6<sup>th</sup> 2010

\_\_\_\_\_ "Grease" Aug. 9-20<sup>th</sup> 2010

We will be offering 2 "GREASE" camps per date above to run simultaneously at two locations using the school next door. Two different casts. Please do your best to place my child in the same camp as his/her friend  
\_\_\_\_\_. I understand I will be contacted if this cannot be accommodated.

Enrollment Fee - \$475.00 per child. (No GST), per camp. TOTAL OWING \$ \_\_\_\_\_

Amount Submitted with this form \$ \_\_\_\_\_

Please carefully read and sign the Terms and Conditions on the reverse side.

Choice of payment method: VISA/MC \_\_\_ Cash \_\_\_ Cheque \_\_\_ Payable to "Marquee Theatrical Productions Inc"

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# TERMS AND CONDITIONS

*\$100.00 non-refundable deposit is required with this registration form for each camp reservation. The balance is due in full the first day of the program. Pro-rated refunds are only available up until the completion of our 2nd day. Students who leave any program after these deadlines, for any reason, will forfeit all monies paid to Marquee Theatrical Productions Inc. (herein after referred to as Marquee).*

*Marquee intends to establish an environment that ensures a safe, fun and enriching experience for each child in our programs. We expect that our students will exhibit kind and respectful behaviour to other students and adults. Students must absolutely follow all safety rules as directed by their program instructor or assistant. If a problem with behaviour arises, the teacher will review the direction or rule with the student. If this is unsuccessful the Program Manager will review the direction or rule with the student. If both of these attempts at redirection are unsuccessful, the Program Manager will place a phone call to the child's parent or guardian to discuss the problem and possible solutions. The teacher will notify the Program Manager IMMEDIATELY if the behaviour is putting the student or other students in an unsafe situation. In the event that the student's behaviour does not improve the Program Director reserves the right to remove the child from our program with no refund of tuition monies.*

**Program will run:**

**Summer Camp Program** Monday to Friday 9 – 4pm

**Before Care** Monday – Friday 8 – 9am

**After Care** Monday – Friday 4 – 6pm

**Program Attire:**

*Students should wear soft-soled shoes and comfortable clothing for indoor activities, outdoor attire appropriate for the weather. Please understand that due to the nature of our programming it is best not to wear crocks, sandals, skirts or dresses. Students will need to bring a peanut-free lunch, snacks for the day and bathing suit and towels for the pool.*

*By signing below, I am allowing my child to participate in all Marquee Program activities, and I give Marquee and its staff authority to act on my behalf. I release and indemnify Marquee, its Directors, Management and Staff from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in a Marquee Program. I consent to the use of my child's likeness for publicity purposes.*

*I accept the above terms and conditions:*

*Date:* \_\_\_\_\_

*Signature of Parent/Guardian:* \_\_\_\_\_

*(Please print name)* \_\_\_\_\_

Please return completed form, with deposit to:

**Marquee Theatrical Productions Inc.**

#1 – 73 Industrial Parkway North

Aurora, Ontario L4G 4C4

(905) 713-1040

[www.marqueetheatricalproductions.com](http://www.marqueetheatricalproductions.com)

info@marqueetheatricalproductions.com

Office use only:

Amount Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_

Balance Owing \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_

#1575371 Not-For-Profit Ontario Incorporated