

SUNBIT THEATRE ARTS: September 2018

Student's Name: _____

Student's Birth: _____ Age: _____

Parent's Name: _____ E mail: _____

Address: _____ Postal Code: _____

Phone #: _____ Cell #: _____

Emergency Contact: _____ Phone #: _____

Health Card: _____

Allergies / Medical Conditions: _____

Fridays 6:00 – 8:00 p.m. \$600.00 _____

*No class Fri Oct 5th & Fri Dec 7th.

Production is on Friday February 22th and Saturday February 23th, 2019. Time will be decided at a later date.

Photo Release: I authorize Sunbit Theatre to take pictures for Sunbit's Facebook page and the Sunbit website: Yes _____ No _____

GENERAL WAIVER AND MEDICAL CONSENT FORM

In the event of an accident or medical emergency I hereby authorize the director of Sunbit Theatre Arts, or a person designated by them to consent to any medical treatment by a qualified practitioner that may be necessary. We hereby release the director and staff of Sunbit Theatre Arts from injury, loss or damage to any person or belongings while incurred at Sunbit Theatre Arts. I also understand that the use of Sunbit Theatre Arts facilities is made strictly at the risk of the applicant and agree to abide by the regulations governing Sunbit Theatre Arts.

Parent / Guardian

Date

Please mail to:

Sunbit Theatre Arts
PO Box 662
6457 Townline Rd
Smithville, On
L0R 2A0

Sunbit Theatre Arts has a NO Peanut / Nuts Policy (contains or may contains).
Please help keep our children safe!