

REGISTRATION FORM

DRIFTWOOD THEATRE SCHOOL

COURSE:

STUDENT'S NAME:

DOB:

AGE:

GRADE:

SCHOOL:

HOME ADDRESS:

EMAIL:

CELL:

MOTHER/GUARDIAN:

HOME PHONE:

CELL:

EMAIL:

FATHER/GUARDIAN:

HOME PHONE:

CELL:

EMAIL:

IN PERSON CLASSES ONLY

FAMILY DOCTOR:

PHONE:

BC PERSONAL HEALTH CARE #

EMERGENCY CONTACT:

PHONE:

GUARDIAN SIGNATURES

1. _____

DATE:

2. _____

ADDITIONAL INFORMATION

PAST INVOLVEMENT IN PERFORMING ARTS:

READING ABILITY:

HEALTH ISSUES/SPECIAL NEEDS:

HOW DID YOU HEAR ABOUT THE DRIFTWOOD THEATRE SCHOOL?

LIABILITY AGREEMENT

I, _____, as the parent/guardian of _____ agree to hold harmless the Driftwood Players/Driftwood Theatre School, their officers, or staff from any claims or injuries sustained during drama classes, performances or rehearsals.

SIGNATURE: _____

DATE: _____

PUBLICITY WAIVER

I hereby give my consent to Driftwood Players/Driftwood Theatre School to use the above-named student's image in the form of a photograph, videotape, likeness or any other recording or reproductions for promotional purposes without payment of any fee or charge.

SIGNATURE: _____

DATE: _____

Please mail to:

Driftwood Theatre School
Box 161
Sechelt, BC
V0N 3A0

or email to:

registrar.driftwoodts@gmail.com