

theatre:
CALGARY

CREATIVE LEARNING

Registration Form

Welcome to Theatre Calgary Creative Learning!

Please take the time to enter all the fields in this fillable PDF registration form and return to jesdale@theatre Calgary.com

Note: Camp, class, and program placements are only confirmed once we receive completed registration form and payment.

Please contact Jennie Esdale, Education & Outreach Associate, to receive alternate payment instructions and to answer any questions or address needs.

Contact:

Jennie Esdale

Education & Outreach Associate

Theatre Calgary

587-441-9204

jesdale@theatre Calgary.com

theatre:
CALGARY

Theatre Calgary
220 9 Avenue SE
Calgary, Alberta
T2G 5C4

CREATIVE LEARNING

PROGRAM NAME:

PROGRAM DATES:

Participant Information

FIRST NAME

LAST NAME

PREFERRED NAME

AGE

PRONOUNS

PERFORMANCE EXPERIENCE OR PREVIOUS TRAINING (none necessary)

MEDICAL INFO (please include Allergies, Medications, Diagnoses or any other relevant information that our team should know to best support the safety and wellbeing of the participant):

Parent/Guardian Information

FIRST NAME

LAST NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

Are you willing to receive emails from Theatre Calgary regarding upcoming programming? YES NO

How did you hear about this program?

CREATIVE LEARNING

Primary Emergency Contact

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
RELATIONSHIP TO PARTICIPANT	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>
PRIMARY PHONE NO.	CELL PHONE NO.

Secondary Emergency Contact

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
RELATIONSHIP TO PARTICIPANT	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>
PRIMARY PHONE NO.	CELL PHONE NO.

Payment Details

<input type="text"/>		
CREDIT CARD NUMBER		
<input type="text"/>		
NAME ON CARD		
<input type="text"/>	<input type="text"/>	<input type="text"/>
EXPIRY DATE	CVC	POSTAL CODE

CREATIVE LEARNING

RELEASE FORM - Required for all Participants

Participant Release

I am the parent or legal guardian of _____ (the "Participant"), who is under 18 years of age, and I intend that the Participant participates in the full program and activities (the "Activities") of the Creative Learning Programming at Theatre Calgary (the "Theatre"). I acknowledge that I must advise the Theatre in writing if the Participant requires any accommodations to participate in the Activities. I also acknowledge that there are risks in participating in the Activities. I agree that, having taken such precautions as in its discretion are deemed advisable, the Theatre will not be held responsible for any injury, sickness or accident to the Participant or for any loss or damage to personal property resulting from the Participant participating in the Activities. I authorize the Theatre to secure medical care for the Participant. If for any reason the Participant requires medical attention on beyond any basic first aid furnished by or on behalf of the Theatre, I agree to be responsible for any expenses incurred. I agree to indemnify the Theatre, its officers, directors, agents and employees and save them harmless from and with respect to all suits, actions and prosecutions by reason of any Activity carried out by the Participant, whether on or off the Theatre's property.

PHOTO RELEASE

I consent to the use of the likeness (including still photographs and video) of the Participant in connection with the Activities of the Theatre and related institutional promotional purposes throughout the world and without any compensation. I expressly release the Theatre, its officers, directors, agents, employees, licensees and assigns from and against any and all claims for invasion of privacy, defamation, infringement of copyright or any other cause of action that may arise out of such use.

I **do not** consent to the photo release statement above

I hereby irrevocably release the Theatre from any and all claims for libel and invasion of privacy in connection with the foregoing.

I, the undersigned, have read the above and agree to its terms:

PARENT/GUARDIAN SIGNATURE

DATE