



Please Print

Students First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: M  F   
Month Day Year

Address: \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Health Concerns/Allergies \_\_\_\_\_

Health Card Number # \_\_\_\_\_

Previous Theatre/Music/Dance Experience \_\_\_\_\_

CLASS NAME \_\_\_\_\_

General Release for all programs participants. On behalf of myself, my heirs, personal representatives, or assigns, or as the legal guardian of the minor registrant, do hereby release, indemnify and save a harmless, waive and forever discharge Cabar-Eh Youth Theatre, its directors, employees, volunteers from liability of any and all claims maintaining in personal injury, accident or illness (including death) and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises or equipment. I also authorize Cabar-EH Youth Theatre to obtain any medical care deemed necessary in the event of an injury and agree to pay for any resulting medical expenses. By signing this form I acknowledge having read, understood and agreed to this waiver, releases and indemnity.

DATE REGISTERED \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PAYMENT OPTIONS:

CHEQUE \_\_\_\_\_ \*\*PAYPAL \_\_\_\_\_ \*E-Transfer \_\_\_\_\_ CASH \_\_\_\_\_

\*If paying by E-Transfer please make sure the password you use is "ridgeville" so that the transfer can be accepted by Cabar-EH Youth Theatre. Please also include in the message to recipient line your child's name and class name.

\*\*If paying by Paypal please include your child's name and class name in the message note.