

Student Registration Form – Theatre LYTE 2012

How to apply: By mail OR in person to The Palace Theatre, 710 Dundas St, London, ON, N5W 2Z4

Monday to Friday 10 am – 3 pm

By email to info@londoncommunityplayers.com OR By fax to 519-432-7628

Student Contact Information			
First name		Last Name	
Phone – home	Cell	email	
Age (as of July 1, 2012)	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Emergency contacts			
Name	Phone	Name	Phone
Parent/Guardian contact information			
Name	Phone	Phone	Email
Name	Phone	Phone	Email
Name	Phone	Phone	Email
Medical Information			
Health Card Number			
Doctor	Phone		
Does the student have any health conditions that will influence their ability to participate? Any known allergies?			
Interests			
Describe student's interests in theatre and other activities involved in:			
Payment Information			
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Debit <input type="checkbox"/>	
Credit card #	Expiry	Name on card	
Subsidy request <input type="checkbox"/> (A brief financial survey must be completed before subsidy will be approved)			
People authorized to pickup my child			
Name		Phone	
Name		Phone	
Name		Phone	
Name		Phone	
OR My child has my permission to travel to and from Theatre LYTE unaccompanied			
Signature of Parent or Guardian		Date	
Authorization			
UPON REGISTERING MY CHILD TO ATTEND THE YOUTH THEATRE PROGRAM, I PERMIT MY CHILD TO PARTICIPATE IN THE FULL RANGE OF ACTIVITIES. I AUTHORIZE THE INSTRUCTORS AND THEATRE STAFF, IN THE EVENT OF AN ACCIDENT OR ILLNESS AFFECTING THE PARTICIPANT, TO AUTHORIZE ON MY BEHALF ALL PROCEDURES, INCLUDING ADMISSION TO HOSPITAL AND NECESSARY TREATMENT THEREIN, AS SHE/HE DEEM ESSENTIAL FOR THE CARE AND WELL-BEING OF THE PARTICIPANT, SUCH ACTION IS TO BE TAKEN ONLY WHEN IMMEDIATE CONTACT WITH THE DESIGNATED EMERGENCY CONTACT(S) CANNOT BE MADE.			
Signature of Parent/Guardian		Date	