

**Waterford Old Town Hall**  
**March Break Theatre Camp– March 16-20**  
**REGISTRATION and CONSENT FORM**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

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

Tel. No.: (home) \_\_\_\_\_ work: \_\_\_\_\_

cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

My child's interest, gift, or talent (or what I'd like to see nurtured in him/her): \_\_\_\_\_

\_\_\_\_\_

Medical Conditions & medication(s): \_\_\_\_\_

Allergies (eg food, bees, medications, etc.): \_\_\_\_\_

Emergency Contact (name & tel. no.): \_\_\_\_\_

<p><b>Registration Fee: \$160 or \$140 for multiples</b></p> <p><b>Mon. March 16-Fri. March 20   10 a.m. - 4 p.m.   Culminating performance Fri. March 20, 3 p.m.</b></p> <p><b>Paid \$ _____ by <input type="checkbox"/> Cash; OR <input type="checkbox"/> Cheque # _____; OR <input type="checkbox"/> E-Transfer</b></p> <p><b>No refunds. Make cheques payable to: Town Hall Kids</b></p>
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I consent to my child's participation in the Old Town Hall's classes and activities, on and off premises of the Old Town Hall. I agree that, having taken the necessary precautions, the Old Town Hall and its staff will not be held responsible for any sickness or accident to my child. In the event that my child requires medical attention, I consent to him/her being transported to the nearest emergency centre, by private vehicle or ambulance if necessary, and accept that I am responsible for any costs incurred.

**I release Old Town Hall to take photos of my child/ren, which may be used to represent and publicize programs that happen at the Hall. Yes No**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
**Parent/Guardian Signature**