

summer registration form

Please print

STUDENT (LAST NAME, FIRST NAME) _____

LEGAL GUARDIAN (LAST NAME, FIRST NAME) _____

MAILING ADDRESS (NUMBER, STREET NAME)

 (CITY, PROV., POSTAL CODE) _____

EMAIL ADDRESS _____

HOME PHONE BUSINESS EMERGENCY

GRADE AGE DATE OF BIRTH GENDER

HEALTH CARD # _____

Previous theatre arts experience, if any.

Special Requests (i.e. same class as a friend).

* Information instructors should be aware of (medical or other).

* Anything else we should know?

* This information is for the purpose of serving your child to the very best of our ability. Failure to disclose this information at the time of registration may result in the student's not being allowed to continue in the program.

I would like to make a tax-receiptable donation of \$ _____ in support of the Drama School Scholarship program.

Method of Payment

Cheque payable to *Lorraine Kimsa Theatre for Young People*

Visa MasterCard AMEX | Promo Code _____

CREDIT CARD NO. _____ EXPIRY DATE _____

SIGNATURE _____

Please visit lktyp.ca/en/learning/dramaschool.cfm to review our cancellation policy and review our Privacy Policy at lktyp.ca/privacy.cfm

OFFICE USE ONLY

ORDER	PYMT. AMT.	CS	CM

schedule of classes

Junior Company

DRAMA & PLAY (ONE WEEK)

AGE 6

DATE	TIME	FEE
<input type="radio"/> July 5-9	9am - 3:30pm	\$ 295 5-day session
<input type="radio"/> Aug. 9-13	9am - 3:30pm	\$ 295 5-day session

DRAMA CLASSES

AGES 7 & 8 AGES 9 & 10 AGES 11 & 12

DATE	TIME	FEE
<input type="radio"/> July 5-16	9am - 3:30pm	\$ 575 10-day session
<input type="radio"/> July 19-30	9am - 3:30pm	\$ 575 10-day session
<input type="radio"/> August 3-13	9am - 3:30pm	\$ 525 9-day session
<input type="radio"/> August 16-27	9am - 3:30pm	\$ 575 10-day session

AFTER SCHOOL FUN!

AGES 6 - 12

DATE	TIME	FEE
<input type="radio"/>	Corresponds to class 3:30pm - 5:30pm	\$ 40 per week (or \$12 per day, as required)

Senior Company

DRAMA CLASSES

AGES 13 & 14

DATE	TIME	FEE
<input type="radio"/> July 12-23	9am - 3:30pm	\$ 590 10-day session
<input type="radio"/> July 19-30	9am - 3:30pm	\$ 590 10-day session
<input type="radio"/> August 3-13	9am - 3:30pm	\$ 558 9-day session

DRAMA CLASSES

AGES 15 - 18 **

DATE	TIME	FEE
<input type="radio"/> July 26-Aug. 6	9am - 3:30pm	\$ 558 9-day session

MAKE A FILM!

AGES 13 - 18 **

DATE	TIME	FEE
<input type="radio"/> July 12-23	9am - 3:30pm	\$ 590 10-day session

MUSICAL THEATRE

AGES 13 - 18 **

DATE	TIME	FEE
<input type="radio"/> August 3-13	9am - 3:30pm	\$ 590 9-day session

WE RESERVE THE RIGHT TO ALTER ANY PROGRAM.

participant's release form

THIS RELEASE FORM MUST BE SIGNED AND SUBMITTED TO THE DRAMA SCHOOL BEFORE THIS REGISTRATION CAN BE PROCESSED AND CONFIRMED.

I am the parent or legal guardian of:

_____ (the "Student"), who is under 18 years of age, and desire that the Student participate in the full school programs and activities (the "Activities") of the Drama School of Lorraine Kimsa Theatre for Young People (the "Theatre"). I acknowledge that I must advise the Theatre in writing if the Student is not physically fit to participate fully 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 Student or for any loss or damage to personal property resulting from the Student participating in the Activities. I authorize the Theatre to secure medical care for the Student. If for any reason the Student requires medical attention beyond any 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 Student, whether on or off the Theatre's property. I consent to the use of the likeness (including still photographs and video) of the Student in connection with the Drama School 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 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:

PRINTED NAME OF LEGAL GUARDIAN (IF STUDENT IS UNDER 18 YEARS OF AGE)

SIGNATURE _____

DATE _____

REGISTER

BY FAX: 416-363-5136 | ONLINE: lktyp.ca

BY MAIL OR IN PERSON:

Lorraine Kimsa Theatre for Young People
 165 Front Street East, Toronto, ON M5A 3Z4

How did you hear about the Drama School?

returning student internet (where?) _____

brochure - by mail brochure - other (where?) _____

word of mouth advertisement (which?) _____

LKTP visit partner org. (which?) _____

LKTP website other (pls. specify) _____

** GST/HST is applicable for children ages 15 and over. No HST is charged if you are registered by April 30th, 2010.