



MUSICALTHEATRE
Make Your Own Musical
August 12-23 Summer 2019
2 Weeks ages 7-14
REGISTRATION FORM

School of Atlantic Ballet

Atlantic Ballet Theatre of Canada
68 Highfield Street, Suite 200
Moncton, N.B. E1C 5N3
Telephone: (506) 383-5951 ext.101
Fax: (506) 854-9889 / email: centre@atlanticballet.ca

STUDENT NAME: _____

ADDRESS: _____ POSTAL CODE: _____

HOME PHONE: _____ EMAIL: _____

DATE OF BIRTH (dd-mm-yy): _____ MEDICARE #: _____

Are there any medical problems or allergies of which we should be aware? _____

Due to the Department of Education & Early Childhood Development, the Centre requires a copy of your child's immunization forms:

I have provided a copy of my child's immunizations forms _____ (initial)

PARENT INFORMATION

Mother/Guardian: _____

Mother/Guardian: (work) _____ (cell) _____

Father/Guardian: _____

Father/Guardian: (work) _____ (cell) _____

EMERGENCY CONTACT (School tries to reach parents first):

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO STUDENT: _____

COST: \$400 for 2 week camp. \$50 deposit due upon registration & the balance is due by August 6.

The School of Atlantic Ballet is a **scent free/peanut free** environment. If you visit the centre, please be considerate of those with sensitivities/allergies.

AUTHORIZATION: I hereby authorize the School of Atlantic Ballet (hereafter, the “**School**”) to administer to my child her or his epipen in the event of contact with dangerous allergens and to administer acetaminophen in the event my child has a fever. Parent or Guardian’s initials: _____

ACKNOWLEDGMENT AND RELEASE: I acknowledge that dance and musical theatre involves physical activity and that any physical activity presents a risk of personal injury. In consideration of enrolment of my child in one or more classes, I, on my behalf and on behalf of my child, and our respective heirs and personal representatives, hereby agree to *waive* any and all claims I or any of us may now or hereafter have against the School, and fully *release* the School from any and all such claims, which waiver and release includes the instructors, Atlantic Ballet Atlantique Canada (“**ABAC**”), their employees, officers, directors and agents and the owners and/or occupiers of the premises where such lessons are taught. Parent or Guardian’s initials: _____

CONSENT: I hereby consent to the School and ABAC contacting me at the address particulars noted above for the following purposes:

- (i) Advising of any changes to the Centre’s policies and storm dates and cancellations;
- (ii) Advising of upcoming performances, galas and news of Atlantic Ballet Theatre of Canada

Parent or Guardian’s initials: _____

I acknowledge having a received a copy of the School’s Policy and Code of Conduct. Parent or Guardian’s initials: _____

Dated at Moncton, New Brunswick, this _____ day of _____, _____

SIGNED _____

I agree that my child’s photograph may be included on the following websites: www.atlanticballet.ca ☐, www.schoolofatlanticballet.com ☐, Facebook pages ☐, promotional brochures and advertising ☐; subject to the provision that photographs will not clearly identify the students and that full names will not be used.

I also acknowledge that Atlantic Ballet Atlantique Canada has no control over those who may access the websites/Facebook and take unauthorized copies of the photographs contained therein or from any brochures or advertising. I exempt and release Atlantic Ballet Theatre of Canada from any injury or damages that may result from the unauthorized use of student photographs by such persons.

Parent’s or Guardian’s Signature: _____ Date: _____

OR

I do not wish my child’s photograph to be included on the Atlantic Ballet Theatre Canada’s websites, Facebook pages, or promotional brochures and advertising.

Parent’s or Guardian’s Signature: _____ Date: _____