

THE GLT KIDS' FALL THEATRE PROGRAMME
Saturday 20 September 2008 to Saturday 22 November 2008
7:00 PM Performance Saturday 22 November 2008
No Class Sat. 11 Oct. (Thanksgiving) or Sat. 1 Nov. (Halloween)
Open to Children 6 – 12 Years of Age

ATTENDANCE EXPECTATIONS: It is essential that your child(ren) makes a full commitment to his/her programme. Absences negatively affect teamwork and should be avoided if not absolutely necessary. If your child is ill or needs to be away, please notify the programme coordinator.

Child's Name: _____

Address: _____

Phone: _____ e-mail: _____

Date of Birth: _____ Age: _____
(day/month/year)

Theatre Experience: _____

Emergency Contact: _____ Phone: _____
(other than home name and number)

Session requested (check one): 9:00 a.m. – 12:00 noon **Morning**
 1:00 p.m. – 4:00 p.m. **Afternoon**

Program Cost: \$70 + \$2 annual membership fee. (Note: If your child participated in the Summer 2008 Programme, the membership fee has been paid.)

Please make cheques payable to Galt Little Theatre.

It should be noted that children will be registered on a "first-received, first-served" basis, based on the arrival date of their envelope. Please send all registrations in the envelope provided, or drop them off at Book Express or Bookworks.

Do not leave registrations in the mailbox at GLT. It has been broken into twice.

Enrolment is limited to 20 children per session.

Please be certain to fill out the Declaration and Release included in this package.

Head Instructor: Adam Jones GLT Business Manager: Henry North 519-623-4076
Programme Coordinator: Jessica Eby 519-716-6839 GLTkids@gmail.com

DECLARATION AND RELEASE

I am familiar with the nature and content of Galt Little Theatre's Children's Programme. I desire that my son/daughter/ward, _____ (participant's name) participate in the full programme and

all its activities unless I advise you otherwise in writing.

I consent to Galt Little Theatre, its employees or agents, using all photographs in which my son/daughter/ward may appear while enrolled as a program participant, for promotional or other related purposes.

In consideration of the participation of my son/daughter/ward in the Galt Little Theatre Children's Programme, I personally and on behalf of my son/daughter/ward, release and forever discharge Galt Little Theatre, its employees or agents, from all claims, demands, actions, or causes of action including claims for personal injury, sickness, or property damage that may occur involving my son/daughter/ward while enrolled in the Galt Little Theatre Children's Programme.

If for any reason my son/daughter/ward requires medical attention, I agree to be responsible for any expenses incurred, including the cost of delivering my son/daughter/ward from the Galt Little Theatre to medical facilities.

In case of medical emergency, I give my permission for the employees and agents of Galt Little Theatre to administer first aid and, if I am not available for consultation, to select a physician who will secure proper medical treatment (including examination, treatment, anaesthesia or surgery) for my above named son/daughter/ward.

I understand that my son/daughter/ward should not attend if s/he has symptoms or diseases which are known to be infectious, among which are the following: diarrhoea, vomiting, fever, rash, open sores, skin or eye infection, scarlet fever, measles, mumps, chicken pox, whooping cough.

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian's Name (Please Print): _____

Physician's Name: _____ Phone # _____

Health Card # _____

Any health concerns of which the programme staff should be aware (ie: allergies, medications):
