



Director: Kim Belvedere

Phone: 905-875-7674

Website: [www.miltontheatre.ca](http://www.miltontheatre.ca)

E-mail: [info@miltontheatre.ca](mailto:info@miltontheatre.ca)

c/o 563 Joyce Blvd., Milton, ON L9T 3C7

## 2012 CAMP REGISTRATION FORM

Student: \_\_\_\_\_  M  F

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Home Telephone #: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Day Time Contact #/Cell: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

|   |          |   |  |
|---|----------|---|--|
| <b>One Week Session Dates:</b><br>Ages 3 & 4 <input type="checkbox"/> \$95 + HST<br>Ages 4 to 13 <input type="checkbox"/> \$150 + HST<br>Luau Party & Around the World <input type="checkbox"/> \$220 + HST |          | <input type="checkbox"/> March 12 – 16<br><input type="checkbox"/> July 3 – 6<br><input type="checkbox"/> July 9 – 13<br><input type="checkbox"/> July 23 – 27<br><input type="checkbox"/> August 7 – 10<br><input type="checkbox"/> August 13 – 17 | Session Cost _____<br><i>(Please Circle)</i><br><br>Before or After Care<br>1 <sup>st</sup> Week _____<br>2 <sup>nd</sup> Week _____<br><br>Discount 10% _____<br><i>(2<sup>nd</sup> Camp &amp;/or 2<sup>nd</sup> Sibling)</i> |
| <b>Two Week Session Dates:</b><br>Ages 3 & 4 <input type="checkbox"/> \$175 + HST<br>Ages 4 to 13 <input type="checkbox"/> \$250 + HST  |          | <input type="checkbox"/> July 9 – 20<br><input type="checkbox"/> July 23 – August 3<br><input type="checkbox"/> August 13 - 24  |  |
| Before Care 7:30 AM to 9:00 AM  |          | \$25/week + HST   |  |
| After Care 4:00 PM to 5:30 PM   |          | \$25/week + HST   |  |
| Before & After Care   |          | \$45/week + HST   |  |
| Ages 3 & 4  | ½ Day    | 9:00 AM to 12:00 PM   | Sub-total _____  |
| Ages 4 & 13   | Full Day | 9:00 AM to 4:00 PM  | HST 13% _____  |
| <b>One Day PD Camp</b> <input type="checkbox"/> \$35 + HST  |          | <input type="checkbox"/> November 18, 2011<br><input type="checkbox"/> February 3, 2012<br><input type="checkbox"/> April 27, 2012<br><input type="checkbox"/> June 8, 2012   | <b>TOTAL</b> _____<br><br><b>Balance Paid by:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Cash  |

**PAYMENT DUE AT REGISTRATION**



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## MEDICAL INFORMATION FORM

Name: \_\_\_\_\_

OHIP #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Has your child ever suffered from asthma, heart problems, breathing problems or any other medical condition that may affect his/her ability to participate in this program?

\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Please specify.

\_\_\_\_\_  
\_\_\_\_\_

### Injury Waiver

Each student and his or her legal guardian(s) hereby release Milton Youth Theatre Productions and Directors, Teachers and Employees from claim for personal injury sustained in, on or about the facilities.

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

\_\_\_\_\_  
*Date*

### Photography & Video Waiver

Each student and his or her legal guardian(s) hereby release Milton Youth Theatre Productions the rights to all photography and video that may be taken by or for Milton Youth Theatre Productions during classes or performances, for use in advertising and promotion, including television coverage.

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

\_\_\_\_\_  
*Date*