



HELEN O'GRADY
DRAMA ACADEMY

ENROLMENT FORM

CHILD'S DETAILS :

Name: _____

School _____ Grade _____

Age: _____ D.O.B: _____ Male Female

PARENT OR GUARDIAN'S DETAILS :

Parent/Guardian Name(s): _____

Phone No: _____ Mobile: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

STUDIO DETAILS :

Studio Location: _____ Start Date: _____ Class Time: _____

Program: Composite (Ages 5-11) Kindy Drama (Ages 3-4)
 Lower Primary (Ages 5-8) Upper Primary (Ages 9-12) Youth (Ages 13-17)

MEDICAL :

Please tell us about any medical, physical or learning difficulties that we should be aware of:

COMMUNICATIONS /PHOTOGRAPHS:

Communications: Your email address will be used only to convey information about your child's program and to inform you of other Helen O'Grady programs suited for you or your family. We will not sell or release your information to any other party. You can ask to be removed from our mailing list at any time.

Photographs: We occasionally take photographs of students in class to use in publicity material. This may include internet sites such as helenogrady.ca, Facebook or Twitter, etc. Personal information will never be used on social networking sites.

Please indicate your consent by checking the boxes below:

- Please communicate with me at the following **Email Address** _____
 I am happy for my child to appear in photographs which may be used on the internet.

Signed: _____

Signature of Parent or Guardian

For Office Use Only

Payment: \$	Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/>	New Participant Yes <input type="checkbox"/> No <input type="checkbox"/>
Registrar's Signature:		Date:



- HELEN O'GRADY -
- DRAMA ACADEMY -

PARTICIPATION AGREEMENT

CHILD'S DETAILS :

Name of Child: _____ **Age** ____ **Date of Birth** _____

IN CONSIDERATION of allowing my minor child/ward to participate in the Program Activities ("Activities"), of the Helen O'Grady Drama Academy ("Academy"), I ASSURE TO YOU THAT:

1. I am the parent or legal guardian of the Child who is under 18 years of age, and desire that the Child participate in the Activities indicated on the Enrolment form from the Helen O'Grady Drama Academy.
2. I acknowledge that I must advise the Academy in writing if the Child is not physically fit to participate fully in the Activities. I also acknowledge that there are risks in participating in the Activities.
3. I agree that, having taken such precautions as in its discretion are deemed advisable, the Academy will not be held responsible for any injury, sickness or accident to the Child or for any loss or damage to personal property resulting from the Child participating in the Activities.
4. I authorize the Academy to secure medical care for the Child if for any reason the Child requires medical attention beyond any first aid furnished by or on behalf of the Theatre, I agree to be responsible for any expenses incurred.
5. I agree to indemnify the Academy, its officers, directors, agents and employees and name them harmless from and with respect to all suits, actions and prosecutions by reason of any Activities carried out by the Child, whether on or off of the Academy's property.

PARENT OR GUARDIAN'S SIGNATURE :

I, the undersigned, have read the above and agree to its terms:

Printed Name of Parent or Guardian	Signature of Parent or Guardian	Date