



Dean Hollin's
**MUSICAL
THEATRE CAMP**

August 14th to 25th (Mon thru Fri) 9 am to 4 pm daily
Performance on stage Friday, August 25th Ages 8 - 14



Meaford Hall & Culture Foundation bursaries are available at www.mhcfoundation.ca or at the Meaford Hall Box Office

PART A: Family Information

Parent/Guardian Last Name		First Name	
Family Address		City	Postal Code
Home #	Business #	Email	<input type="checkbox"/> I would like to receive Meaford Hall events e-blast
Emergency Contact Name		Emergency Contact Relationship	Emergency Contact Phone #

PART B: Student #1

1. Student's Last Name	First Name	Age	Birth Date dd/mm/yy
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Family Medical & Special Needs Information Please complete the following information for all participants with medical or special needs.

Health Card Number _____

1. Allergies 2. Physical/Development Impairment 3. ADD/ADHD 4. Behavioural Conditions 5. Other Special Conditions _____

Specify medical or special need: _____

Request one-on-one assistance Yes No (Extra charges may apply)

PART B: Student #2

2. Student's Last Name	First Name	Age	Birth Date dd/mm/yy
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Family Medical & Special Needs Information Please complete the following information for all participants with medical or special needs.

Health Card Number _____

1. Allergies 2. Physical/Development Impairment 3. ADD/ADHD 4. Behavioural Conditions 5. Other Special Conditions _____

Specify medical or special need: _____

Request one-on-one assistance Yes No (Extra charges may apply)

PART C: Photograph Release & Waiver

I give permission for the Municipality of Meaford to take photographs of my children during this program session for use in future promotional materials.

Signature: _____

WAIVER - All Registrants must sign and agree to waiver.

I agree to release and save harmless the Municipality of Meaford, and its employees and other agents from any and all claims or other proceedings, regardless of who makes them, in respect of any damage or injury arising by reason of participation in the program by myself or the person(s) who are shown as the "student(s)".

Signature: _____

PART D: Method of Payment

COST: \$549 A \$100.00 deposit is required upon registration. DEPOSIT IS NON-REFUNDABLE. Balance of \$449 is due on first day of class.

Cash Debit Cheque MasterCard Visa

Card # _____

Expiry Date _____ Total: \$ _____

Card Holder Name (please print): _____

Signature: _____