



Artistic Directors - Gema Boich & Amanda Atkinson

## 2019 Junior Summer Theatre Programme - Registration Form

HALF DAY – AM ONLY

Ages 5 - 7

STUDENT NAME:

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ADDRESS:

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DATE OF BIRTH:

AGE:

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1<sup>ST</sup> PARENT/GUARDIAN: NAME

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TELEPHONE: HOME#:

CELL#

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EMAIL:

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2<sup>ND</sup> PARENT/GUARDIAN: NAME:

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TELEPHONE: HOME #:

CELL#:

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ALLERGIES/MEDICAL CONDITIONS:

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### PAYMENT INFORMATION – Tuition \$125

PLEASE CHECK ONE: CHEQUE

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CASH

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INTERAC E-TRANSFER

☐

(make cheque payable to Zamproгна Arts)

(send e-transfer to [info@zamarts.ca](mailto:info@zamarts.ca))

PLEASE SEND CHEQUES AND FORMS TO: ZAMPROГNA ARTS 44 CHATHAM STREET HAMILTON ON L8P2B4

IF PAYING BY ETRANSFER PLEASE SCAN COMPLETED FORM AND SEND TO [INFO@ZAMARTS.CA](mailto:info@zamarts.ca)



## **PARTICIPANT RELEASE FORM**

I hereby waive, release and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in Zamproгна Arts Summer Theatre Programme. This release is intended to discharge in advance Zamproгна Arts, Gema Boich, Amanda Atkinson, any and all owners, agents, instructors, volunteers, assistants, employees, guest artists, faculty members, and /or students from any and all liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. I understand and agree that in participating in any dance, drama, singing class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me during any of the above-mentioned activities. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Zamproгна Arts, Gema Boich, Amanda Atkinson, any and all owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Parent/Guardian Signature

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Print Name

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Date

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## **PHOTO RELEASE FORM**

I hereby authorize Zamproгна Arts and its affiliates to publish the photographs or videos taken of me/or the undersigned minor child, and our names, for use in the Zamproгна Arts website, or promotional brochure and I acknowledge that since participation in such publications is voluntary, neither the minor child nor myself will receive financial compensation. I release Zamproгна Arts from any expectation of confidentiality for the undersigned minor and myself and attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize Zamproгна Arts to use their photographs and names. I further agree that participation in any publication produced by Zamproгна Arts confers no rights of ownership whatsoever. I release Zamproгна Arts, Gema Boich, Amanda Atkinson, any and all owners, agents, instructors, volunteers, assistants, employees, guest artists, faculty members and/or students from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor.

Parent/Guardian Signature

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Print Name

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Date

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