

Children's Peace Theatre – Peace Camp 2019 (July 7-July 27)

Campers MUST be available for all the days of camp and for the Gala Performance Saturday July 27

PARTICIPANT REGISTRATION FORM

Please complete in full and return with payment to 305 Dawes Road, Toronto ON M4B 2E2.

Please PRINT clearly and legibly

Please fill out a separate form for each participant.

Part A: Participant Information

Participant Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female Other

Address: _____

Name of Parent(s): _____

Home Phone #: _____ Cell Phone #: _____

Email: _____ Work Phone #: _____

How did you hear about us? _____

Part B: Emergency Contacts & Medical Information

Emergency Contact Name: _____

Relationship to Child: _____ Phone #: _____

Doctor's Name: _____ Doctor's Phone #: _____

Health Card Number: _____

Allergies or other Medical Concerns: _____

Important! A parent/guardian is required to sign your child in and out of camp each day. Please name this person below or indicate if your child may come/go alone.

Is your child permitted to leave Peace Camp by him or herself at the end of each day? YES ___ NO ___

If the answer to the above question is "no", please provide the name of the person who is responsible for meeting your child after Peace Camp each day below*:

Extended Care: will be offered for an extra \$10/day for after-camp care until 5pm, and for pre-camp care beginning at 8:15am.

I am interested in having my child remain at the Peace Theatre until 5pm each day under the supervision of Junior Guides YES ___ NO ___

I will require pre-camp care at the Peace Theatre beginning at 8:15am YES ___ NO ___

* Please note that you must still provide the name of the person who will be picking your child up in the space above.

Liability WAIVER

I _____, waive any claim against the Children's Peace Theatre, staff, volunteers and guides of any liability for any injury to my child, loss or damage to his/her belongings while involved in any activity sponsored by the Children's Peace Theatre.

I give my permission that, should a medical emergency arise, requiring immediate attention during the time that my child is at the Children's Peace Theatre, the staff or volunteers may act on my behalf in caring for him/her, and may give consent for medical treatment on behalf of my child.

I have read and agreed to the registration guidelines stated in this form and am aware that my children must be available for all performance dates.

Parent/Guardian: _____

Signature: _____

Date: _____

Fees:

1 Child - \$425 (\$395 paid as a member)
2nd Child from same family - \$395 (\$375 paid as a member)

Please note: Your child will be confirmed as a participant in Peace Camp upon receipt of full payment and when forms are fully completed and signed.

AMOUNT TO PAY (partial payment not accepted): _____

CREDIT CARD (Specify Visa or MasterCard): _____

NAME: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

Payment will also be accepted by cash or cheque. Please call us at 416-752-1550 to make arrangements.

~For Office Use Only~

FEES PAID: _____

DATE: _____

NOTES:



Media Waiver

**Consent to Photograph/Videotape/Audiotape/
Film/Interview Individuals**

I _____ give Children's Peace Theatre permission to photograph, videotape, audiotape, film and interview myself or the child/children named below and publish said photographs, videotapes, audiotapes, films and interviews in publications/ printed materials including marketing and promotional materials, and the official website of Children's Peace Theatre (www.childrenspeacetheatre.org) including marketing for our programmes to the public, members and funders, annual reports and internal communications.

The photographs, videotapes, etc. shall constitute the exclusive property of Children's Peace Theatre and may be reproduced by the above without compensation or payment to the individual (s) concerned or any other person.

I understand that my name, portrait, picture or photograph are likely to be included in this collection of images for a maximum of five years.

Name of Individual/Parent/Guardian (PLEASE PRINT)

Address

Address

Child/Children's Name (s) _____