SIRIUS THEATRICAL COMPANY

83 Glenaden Avenue East
Toronto, Ontario
Canada M8Y 2L5

Ph. 416-236-9011 Ext. 1
E-mail: info@siriustheatrical.com
Website: www.siriustheatrical.com

REGISTRATION - Print and Return This Form

Payment must be included with your application or you must have made an E-Mail Transfer or Pay-Pal payment. Failure to do so will invalidate the application. **Check payment method below.**

☐ **Certified Cheque or Money** ☐ **E-Mail Transfer Confirmed** ☐ **Pay-Pal Confirmed**
☐ **Cash** - Do not enclose cash with your application. Call the office to arrange for payment.

How did you hear about this course? **Website** **E-mail** **Flyer** **Advertisement** **Other**_____

Name of Student: _____
Please Print

Name of Course: _____

Address_____
Street

_____
Apt. #

City_____ **Postal Code** _____

Phone: Home_____ **Work**_____

Cell _____

Email: _____

☐ **Returning Student** ☐ **Sibling**

Professional Artist ☐ **CAEA** ☐ **ACTRA**

Make cheques payable to: SIRIUS THEATRICAL COMPANY

Mail to: **Sirius Theatrical Company**
83 Glenaden Avenue East,
Toronto, Ontario M8Y 2L5

Doctor's Name & Phone # (For children / youth only)

_____

_____

Health Card # _____

Medical Information / Food Allergy or Other Restrictions

_____

_____

_____

PAYMENT: **Payment must be attached to application form**

Course Fee: $_____

Administration Fee: $ 25.00

Discount: $_____ **(If Applicable)**

HST: $_____

Total Fees Enclosed $_____

PARTICIPANT'S RELEASE FORM

I/we give permission for myself or my/our child to participate in classes and activities of the Sirius Theatrical Company unless I provide prior written notice.

I agree that the Sirius Theatrical Company and its employees and agents will not be held liable for any accident or injury to me or to my/our child. I/we will be notified of any illness, injury or accident as reasonably possible.

Should it become necessary for me or my/our child to have medical care, I/we give the Sirius Theatrical Company and its employees and agents permission to obtain medical care for me or my/our child, at my/our expense.

I agree to indemnify and save harmless the Sirius Theatrical Company and its employees and agents with respect to any action, suit or prosecution arising from my/our child's participation in the Sirius Theatrical Company's classes and activities.

I/we give permission to the Sirius Theatrical Company and its employees and agents to take photographs and/or videos of me or of my/our child participating in acting classes or performing and to place same on its website and promotional materials, provided names and other identifying information are not used.

I, the undersigned, have read the policies of the Sirius Theatrical Company on its website (www.siriustheatrical.com/registration) and understood and agree with same. I understand and agree with the Registration and Payment form above.

_____
Signature Date

_____
Name of Participant or Parent / Guardian (Please Print)