Carriage House Theatre Academy Registration 2023/24

CHILD'S NAME	CHILD'S AGE - SEPT 1, 2023
GRADE ENTERING SEPTEMBER 2023	BIRTH DATE
SCHOOL ATTENDED PAST YEAR	
ADDRESS	TOWN/CITY
POSTAL CODE	EMAIL ADDRESS
HOME PHONE	CELL PHONE
DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, WHAT ARE THEIR ALLERGIES?	
PARENT/GUARDIAN NAME: Relationship to the Child:	
How did you hear about the CHT Academy Program? Please circle.	
INTERNET SEARCH SIBLIN	NG PAST PARTICIPANT CHT CAST MEMBER
Does your child have a challenge that you feel we can assist in?	
What is your child's greatest strength?	
What three words describe your child?	

YOUR INFORMATION (please complete a form for each chilc

RELEASE OF LIABILITY

I agree to allow my child to participate in The Carriage House Theatre Academy. I understand that the **Carriage House Theatre Foundation** - and all those affiliated or employed with the above names will NOT be held responsible for any harm or injury that my child may endure while invovled at **The Carriage House Theatre Academy** while at the Carriage House Theatre facility or the SILK PURSE. I also understand that my child, as well as myself, will be held responsible for any financial restitution if damage is done to any part of the CHT, if my child is the responsible party. I understand that learning and performing in theatre, just like any other extracurricular activity, has a possibility for injury, and **The Carriage House Theatre Foundation** will not be held in any way, shape, or for responsible for harm that may befall my child. I also grant and authorize the right to use photos of my child for promotional materials for the Carriage House Theatre.

I have read the above state and agree (please initial)

Parent of Guardian Signature

A non refundable payment of \$100 is required to secure a place in the CHT Academy Program. Pa cash, cheque, credit card or e-transfer to chtalberta@ gmail.com

Payment can be made by