



SUMMER ARTS EXTRAVAGANZA!



summer registration 2009

STUDENT NAME: _____ AGE: _____

CURRENT GRADE: _____ DATE OF BIRTH: _____

HEALTH CARD NO: _____

PLEASE CIRCLE: MALE FEMALE

GUARDIAN NAME: _____

STREET ADDRESS: _____

CITY: _____ POSTAL CODE _____

HOME PHONE #: _____

BUSINESS PHONE #: _____

CELL #: _____

#2 GUARDIAN NAME: _____

ADDITIONAL PHONE #: _____

EMAIL ADDRESS: _____ @ _____

PLEASE FILL IN THE FOLLOWING QUESTIONS:

1) ARE YOU A RETURNING SUMMER STUDENT TO THE PEEL HERITAGE COMPLEX OR DY
PRODUCTIONS? YES NO

2) DO YOU HAVE PREVIOUS THEATRE EXPERIENCE? IF SO PLEASE LIST
BELOW: _____

3) ARE THERE ANY BEHAVIORAL (ADD/ AUTISM) OR MEDICAL
(ALLERGIES) THAT TAS SHOULD BE AWARE OF: _____



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2009

ORDER FORM

VISUAL ART CAMPS!

JULY 6 - 10, 2009 AGES 6-13 \$150.00 _____
"CSI" FOR KIDS

JULY 13 - 17, 2009 AGES 9-13 \$150.00 _____
STREET ART

JULY 20 - 24, 2009 AGES 6-13 \$150.00 _____
THE "ART" OF STORYTELLING

JULY 27 - 31, 2009 AGES 9-13 \$150.00 _____
BEHIND THE SCENES

AUGUST 4 - 7, 2009 AGES 6-13 \$130.00 _____
ART EXPLORER

THEATRE CAMPS!

JULY 6 - 17, 2009 AGES 6 AND UP \$350.00 _____
THE BIG BAD MUSICAL (musical theatre 2 week camp)

JULY 20 - 31, 2009 AGES 11 AND UP \$350.00 _____
THEATER CAMP OF ONE ACT PLAYS
IMPROMPTU & THE ACTOR'S NIGHTMARE (LIMITED SPACE)

JULY 20 - 24, 2009 AGES 6 AND UP \$150.00 _____
MOVERS AND SHAKERS: DANCE CAMP

AUGUST 4 - 7, 2009 AGES 7 AND UP \$130.00 _____
THE FUNNY BUSINESS: IMPROVISATION CAMP

TOTAL: \$ _____ . _____

Payment Options: (Please Circle One)

CASH PERSONAL CHEQUE VISA MASTERCARD DEBIT

Credit Card Info: Name: _____

Card Type: Mastercard Visa Card No: _____

Expiry Date: _____ / _____



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Participants Release Form

I desire that my child participate in PHC/DYT summer camp programming and activities, unless I advise the school director otherwise in writing. I agree that, having taken such precautions as in the studios discretion are deemed advisable, PHC & DYT and their staff will not be held responsible for any sickness or accident to my child. If for any reason my child requires medical attention beyond that furnished by PHC/DYT, I agree to be responsible for any expense incurred. I covenant and agree to indemnify Do Your Thing Productions & The Peel Heritage Complex, its employees and staff and save them harmless from and with respect to all suits, actions and prosecutions by reason of any activity carried out by my child, whether on or off the complex's property.

I, the undersigned, have read and fully support the "Participant's Release Form".

Guardian Name (print): _____

Signature: _____

Date: _____

**** Please Note ****

The above participants release form must be signed and submitted to PHC/DYT before this registration can be processed and confirmed.

Photo Release Form

Student Name: _____

Parent Name: _____

I, _____, the parent/guardian of _____, allow DYT Productions & the Peel Heritage Complex to take in class and performance video and photography of my child to be used for promotional purposes for PHC & DYT website and brochures ONLY. Performance DVD's will be provided for parents and students for \$10 per child for all summer camp performances.

Parent Signature: _____

Date: _____