

Student Registration Form

How to send in your application :

Fax: 519.432.7628

Drop Off: 708 Dundas street, London ON N5W 2Z4

Mail to: London Community Players, 710 Dundas street, London ON N5W 2Z4

Monday to Friday 10 am - 5 pm

Student Contact Information

First Name: _____ Last Name: _____ Phone Number: _____

Birthdate: _____ Session: 1 2 3 Gender: Male _____ Female _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

E- Mail Address _____

Emergency Contact: Name: _____ Number: _____

Parent/Guardian Contact Information

Name : _____ Number: _____ Work Number: _____

Medical Information

Health Card # _____

Doctors Name and Number: _____

Does the student have any health concerns/ complications? If so, please explain.

Interests

Describe your interests in theatre and other curricular activities that you are involved in

Authorization

UPON REGISTERING MY CHILD TO ATTEND THE YOUTH THEATRE PROGRAM, I PERMIT MY CHILD TO PARTICIPATE IN THE FULL RANGE OF ACTIVITIES. I AUTHORIZE THE INSTRUCTOR AND THEATRE STAFF, IN THE EVENT OF AN ACCIDENT OR ILLNESS AFFECTING THE PARTICIPANT, TO AUTHORIZE ON MY BEHALF ALL PROCEDURES, INCLUDING ADMISSION TO HOSPITAL AND NECESSARY TREATMENT THEREIN, AS SHE/HE DEEM ESSENTIAL FOR THE CARE AND WELL-BEING OF THE PARTICIPANT. SUCH ACTION IS TO BE TAKEN ONLY WHEN IMMEDIATE CONTACT WITH THE UNDERSIGNED CANNOT BE MADE.

I AUTHORIZE THE FOLLOWING PEOPLE TO PICK UP MY CHILD: _____

Name: _____ Signature: _____

Date: _____ Payment Method: Cash _____ Cheque _____ Credit _____

If you wish to pay with Credit, Please submit your credit card # and expiration: _____

Name on Card: _____

* Subsidies are available, as well, youth will be asked to participate in an interview. Please inquire with LYTE Coordinator : 519-432-1029

* Cost of registration: \$75