

HUB Productions 2017 REGISTRATION FORM

***Please Note: Although our Camps, Classes & Shows take place at the Rene Caisse Theatre we are NOT administrated by them. If you have questions please call the Educational Director, Emma Gibbs @ 705-205-3495

PLEASE COMPLETE AND RETURN BY: email - hubproduction@gmail.com

Child's First & Last Name: _____ Age: _____

Mailing Address: _____ Postal Code: _____

Email (required): _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell: _____

Work Phone (mom): _____ Work Phone (dad): _____

My child lives at home with his/her: (Indicate: Parents, Mother, Father or Other): _____

Does your child have any physical, mental or medical (includes allergies) condition(s) of which we should be aware? _____

If yes, please identify: _____

Is your child currently on medication? _____

If yes, please list medication: _____

CHOICE OF PROGRAM(S)

- _____
- _____
- _____
- _____

METHOD OF PAYMENT: CASH, CHEQUE, or ONLINE _____

Total Paid: _____ Signature: _____

PLEASE MAKE CHEQUES PAYABLE TO "HUB PRODUCTIONS"

Media Release

Please note that your child may be video tapped and photographed for our final video. Often these photos are used on our website and social media pages. Please sign below if you consent these conditions of media release.

I, _____, hereby agree and give my permission for Hub Productions to record, film, photograph, audiotape or videotape my/my child's image, work, and performance and to display, publish or distribute these Works for the purpose of publishing on the Hub Productions Website, social media and future promotional material.

Please mark this box if you AGREE that your child may participate in recorded events that may be published by Hub Productions

Please mark this box if you DO NOT WISH your child to be photographed, filmed, audio-taped or videotaped.

Comments, specifications etc.

X

Parent/Guardian Signature