**REGISTRATION FORM**

Please Print

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Participant (Last Name, First Name)

\_\_\_\_\_\_\_\_\_\_\_ (Preferred Pronoun)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Guardian (Last Name, First Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address (Number, Street Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, Postal Code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone Cell Phone

\_\_\_\_\_\_\_ Age as of Dec. 31, 2024

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CharACTer Curtain Calls’ Theatre Programs for Young People: (Please select one)**

**\_\_ Grades 1-3** (As of September, 2024)

Mondays from 6:00-7:15 Oct. 21- March $325

Tech/dress rehearsals on Feb. 24 and 28

Public shows on Saturday, March 1 (and possibly March 2)

**\_\_ Grades 4-7**  (As of September, 2024)

Tuesdays from 6:00-8:00 Oct. 15- April $375

Tech/dress rehearsals on April 8 and 10

School shows, during day, on Friday, April 11

Public shows on Saturday, April 12 (and possibly Sunday, April 13)

**\_\_ Grades 8-11**  (As of September, 2024)

Thursdays from 6:00-8:00 Oct. 17- May $375

Tech/dress rehearsals on April 30 and May 1

School shows, during day, on either Thursday, May 1 or Friday, May 2

Public shows on Saturday, May 3 (and possibly Sunday, May 4)

Weekly sessions take place at our Suite at 15 St. Catharine Street, St. Thomas. All tech/ dress rehearsals and performances will take place at the Port Stanley Festival Theatre. There are no sessions during the week of December 15, school Christmas Break and March Break.

Please do not register for this season if you are unable to attend tech/dress rehearsal dates and show dates.

**Please electronically return the full registration/release form** to [charactercurtaincalls@gmail.com](mailto:charactercurtaincalls@gmail.com). Once you receive confirmation that your child is registered, payment is then due. Please send an e-transfer (preferred option) to [charactercurtaincalls@gmail.com](about:blank). A cheque (payable to *Character Curtain Calls*) is also acceptable. If paying by cheque, please mail your cheque to 15 St Catharine Street, Suite 303, St. Thomas, N5P 2V7. Thank You

[**cccalls.org**](http://www.charactercurtaincalls.org)[**charactercurtaincalls@gmail.com**](mailto:charactercurtaincalls@gmail.com)

Payment Options:

e-transfer \_\_\_\_

cheque \_\_\_

Allergies/Health Concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[www.charactercurtaincalls.org](about:blank)

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Please kindly notify us of any allergies or health concerns.

Thank you, **Jackpot Time**, for proceeds from charitable gaming.

**RELEASE FORM**

This release form must be signed and submitted to Character Curtain Calls before this registration can be processed and confirmed. I am the legal parent or legal guardian of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the “Participant”), who is under 18 years of age, and desire that the Participant engages in the full programs and activities (the “Activities”) of Character Curtain Calls (“CCCalls”). I acknowledge that I must advise CCCalls in writing if the Participant is not physically able to participate fully in the Activities. I also acknowledge that there are risks in participating in the Activities. I agree that, having taken such precautions as in its discretion are deemed advisable, CCCalls will not be held responsible for any injury, sickness or accident to the Participant or for any loss or damage to personal property resulting from the Participant engaging in the Activities. I authorize CCCalls to secure medical care for the Participant. If for any reason the Participant requires medical attention beyond any first aid furnished by or on behalf of CCCalls, I agree to be responsible for any expenses incurred. I agree to indemnify CCCalls, its officers, directors, agents, and volunteers and save them harmless from and with respect to all suits, actions, and prosecutions by reason of any Activity carried out by the Participant, whether on or off CCCalls’s rehearsal/performance space. I also agree to indemnify and save harmless rehearsal and performance venues from all losses, claims, demands, costs, damages, and suits of whatever nature or kind which may arise as a result of the use by CCCalls.

I understand that the full registration fee is due with the submission of this Release form and attached Registration form. **Please do not register if your child is unable to attend any tech or dress rehearsal dates or show dates.**

**CANCELLATIONS/REFUNDS**: CCCalls reserves the right to cancel any program for which there are insufficient paid registrations. Full refunds would then be issued. There are no refunds for missed program sessions, by participant, or for sessions cancelled due to severe weather.

For cancellations by registrant: Full Refund less $50: Within 4 weeks prior to first session. No Refund: As of the first session of the program, regardless of reason.

**Health Protocols**: CCCalls fully complies with any public health directives. Masks may be needed at certain times of the season, due to the presence of communicable illnesses, but we will give advance notice of such a requirement.

For the safety and health of participants and volunteers, we request that no perfume be worn at any of our rehearsal/show locations and that no nut products are brought to any rehearsal/show location.

Casting decisions for the season-ending production are made solely by the Directors of CCCalls.

**CONDUCT**: It is expected that participants exhibit proper behaviour and participate under the direction of the leadership. If inappropriate behaviour continues after speaking to the child and parents, the child may be asked to withdraw from the program, with no refund.

When attending sessions, participants are expected to: Come to sessions/rehearsals prepared and on time, be respectful of the directors and fellow members, learn their part(s), and perform to the best of their abilities. **It is also expected that parents will help their child memorize their lines at home once roles have been assigned.**

**Canada’s Anti-Spam Legislation (CASL) came into effect on July 1, 2014.** In order for CCCalls to send you program information and other relevant communication, we seek your expressed consent by signing the release below. You always have the option to withdraw your consent at any time. **Photography and Video Release**: I consent to the use of the likeness (including still photographs and videos) of the Participant in connection with CCCalls and I understand that these photos/videos may be used for archival and promotional purposes.

CCCalls does not use the full identity of the performers in their own website promotional work, but full names are listed in the performance playbills. Photos taken by the media may potentially list the names of the actors in the photo/video.

I expressly release CCCalls, its officers, directors, agents, volunteers, licensees and assigns from and against any all claims for invasion of privacy, defamation, infringement of copyright or any other cause of action that may arise out of such use. I hereby irrevocably release CCCalls from any and all claims for libel and invasion of privacy in connection with the foregoing.

I, the undersigned, have read the above and the information contained on the Registration form and agree to its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed name of parent or legal guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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**Thank you for your support of CCCalls!**