

# THE DRAMA MAMAS' REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_

CHILD'S AGE: \_\_\_\_\_

CHILD'S BIRTH DATE: \_\_\_\_\_

PROGRAM CHOICE DAY AND TIME:

1. \_\_\_\_\_

2. \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

TERMS AND CONDITIONS: I hereby release Drama Mamas Inc., its related companies, directors, officers, and employees from all suits, cause of actions, claims, damages, costs, liabilities, or losses in any way whatsoever arising from my child's participation or attendance at any Drama Mamas' programs.

I have read and agree to the terms and conditions.

PARENT'S SIGNATURE: \_\_\_\_\_

PLEASE ALL CHEQUES PAYABLE TO **DRAMA MAMAS INC.**