

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.**