

ORDER FORM

Please select your courses below and also check-off the Sessions of your choice: **F = Fall | W = Winter | S = Spring**

DOWNTOWN CLASSES (SATURDAY CLASSES START SEPT 25)

LORRAINE KIMSA THEATRE FOR YOUNG PEOPLE AND MARKET LANE P.S.

| DRAMA CLASSES | | F | W | S |
|-----------------------|-------|------------------|-------|---|
| GRADES | TIME | FEES PER SESSION | | |
| <input type="radio"/> | JK-SK | 9am - 10am | \$173 | |
| <input type="radio"/> | JK-SK | 10am - 11am | \$173 | |
| <input type="radio"/> | JK-SK | 11am - 12pm | \$173 | |
| <input type="radio"/> | 1-2 | 9am - 10am | \$173 | |
| <input type="radio"/> | 1-2 | 10am - 11am | \$173 | |
| <input type="radio"/> | 1-2 | 11am - 12pm | \$173 | |
| <input type="radio"/> | 3-4 | 9am - 10am | \$173 | |
| <input type="radio"/> | 3-4 | 10am - 11am | \$173 | |
| <input type="radio"/> | 3-4 | 11am - 12pm | \$173 | |
| <input type="radio"/> | 5-6 | 10am - 11:30am | \$200 | |
| <input type="radio"/> | 5-6 | 11:30am - 1pm | \$200 | |

| DRAMA CLASSES | | F | W | S |
|-----------------------|------|------------|--------|---|
| <input type="radio"/> | 7-8 | 12pm - 2pm | \$241 | |
| <input type="radio"/> | 9-12 | 12pm - 2pm | \$241* | |

| DRAMA & AUDITION TECHNIQUE | | F | W | S |
|----------------------------|-----|-------------|-------|---|
| <input type="radio"/> | 7-8 | 10am - 12pm | \$241 | |

| JUNIOR ENSEMBLE | | W/S | |
|-----------------------|-----|-----------|-------|
| <input type="radio"/> | 7-8 | 2pm - 4pm | \$425 |

| XTREME THEATRE! | | F | |
|-----------------------|------|-----------|--------|
| <input type="radio"/> | 9-12 | 2pm - 4pm | \$260* |

ETOBICOKE (SATURDAY CLASSES START SEPT 18)

ASSEMBLY HALL

| DRAMA CLASSES | | F | W | S |
|-----------------------|-------|-------------|-------|---|
| <input type="radio"/> | JK-SK | 9am-10am | \$173 | |
| <input type="radio"/> | 1-2 | 10am-11am | \$173 | |
| <input type="radio"/> | 3-4 | 11am - 12pm | \$173 | |
| <input type="radio"/> | 5-6 | 12pm-1:30pm | \$200 | |

NORTH YORK (SUNDAY CLASSES START SEPT 26)

EDITHVALE COMMUNITY CENTRE

| DRAMA CLASSES | | F | W | S |
|-----------------------|-------|-------------|-------|---|
| <input type="radio"/> | JK-SK | 10am-11am | \$173 | |
| <input type="radio"/> | 1-2 | 10am-11am | \$173 | |
| <input type="radio"/> | 3-4 | 11am-12pm | \$173 | |
| <input type="radio"/> | 5-6 | 12pm-1:30pm | \$200 | |

| DRAMA CLASSES | | F | W | S |
|-----------------------|-----|----------|-------|---|
| <input type="radio"/> | 7-8 | 11am-1pm | \$241 | |

*Class fees for participants aged 15 and up will be subject to 13% HST.

JUNIOR COMPANY
GRADES JK-6

SENIOR COMPANY
GRADES 7-12

All courses are 9 weeks in duration unless otherwise noted.
For details, visit lktyp.ca.

REGISTRATION INFO

Please print

STUDENT LAST NAME, FIRST NAME _____

LEGAL GUARDIAN LAST NAME, FIRST NAME _____

MAILING ADDRESS (NUMBER, STREET NAME, CITY, PROV, POSTAL CODE) _____

EMAIL ADDRESS _____

HOME PHONE _____ BUSINESS _____ CELL _____

GRADE _____ AGE _____ DATE OF BIRTH _____ GENDER _____

HEALTH CARD # _____

Previous theatre arts experience, if any _____

Special Requests (i.e. same class as a friend, etc.) _____

* Information instructors should be aware of (medical or other) _____

* Anything else we should know? _____

* This information is for the purpose of serving your child to the very best of our ability. Failure to disclose this information at the time of registration may result in the student not being allowed to continue in the program.

donate now! I wish to make a tax-receiptable donation to support the *Drama School Scholarship Fund.* \$ _____

| METHOD OF PAYMENT | | | | | | | |
|--|-----------------------|------------|-----------------------|-------------|-----------------------|-----------------------|-----------------------|
| Cheque made payable to Lorraine Kimsa Theatre for Young People | | | | | | <input type="radio"/> | |
| Visa | <input type="radio"/> | Mastercard | <input type="radio"/> | AMEX | <input type="radio"/> | Cash: | <input type="radio"/> |
| Credit Card No. | | | | Expiry Date | | | |
| Signature _____ | | | | Date _____ | | | |
| OFFICE USE ONLY | ORDER # | LOC. | GRD. | TIME | PR | CS | |
| FALL | | | | | | | |
| WINTER | | | | | | | |
| SPRING | | | | | | | |

PARTICIPANT'S RELEASE FORM

THIS RELEASE FORM MUST BE SIGNED AND SUBMITTED TO THE DRAMA SCHOOL BEFORE THIS REGISTRATION CAN BE PROCESSED AND CONFIRMED.

I am the parent or legal guardian of: _____ (the "Student"), who is under 18 years of age, and desire that the Student participate in the full school programs and activities (the "Activities") of the Drama School of Lorraine Kimsa Theatre for Young People (the "Theatre"). I acknowledge that I must advise the school Director in writing if the Student is not physically fit 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, the Theatre will not be held responsible for any injury, sickness or accident to the Student or for any loss or damage to personal property resulting from the Student participating in the Activities. I authorize the Theatre to secure medical care for the Student. If for any reason the Student requires medical attention beyond any first aid furnished by or on behalf of the Theatre, I agree to be responsible for any expenses incurred. I agree to indemnify the Theatre, its officers, directors, agents and employees and save them harmless from and with respect to all suits, actions and prosecutions by reason of any Activity carried out by the Student, whether on or off the Theatre's property. I consent to the use of the likeness (including still photographs and video) of the Student in connection with the Drama School of the Theatre and related institutional promotional purposes throughout the world and without any compensation.

I expressly release the Theatre, its officers, directors, agents, employees, licensees and assigns from and against any and 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 the Theatre from any and all claims for libel and invasion of privacy in connection with the foregoing.

I, the undersigned, have read the above and agree to its terms:

PRINTED NAME OF PARENT OR LEGAL GUARDIAN (IF STUDENT IS UNDER 18 YEARS OF AGE) _____

SIGNATURE _____ DATE _____

| How did you hear about the Drama School? | |
|--|---|
| <input type="radio"/> Returning student | <input type="radio"/> Internet (where?) |
| <input type="radio"/> Brochure - by mail | <input type="radio"/> Brochure - other (where?) |
| <input type="radio"/> Word of mouth | <input type="radio"/> Advertisement (which?) |
| <input type="radio"/> LKTYP visit | <input type="radio"/> Partner org. (which?) |
| <input type="radio"/> LKTYP website | <input type="radio"/> Other (pls. Specify) |

Please review our Privacy Policy at lktyp.ca/privacy.cfm. Programming and schedules subject to change.