

"Gleefully Yours" Enrolment Form

Please print off, fill in, and mail, along with payment, to the address at the bottom of the form.

Name: _____
[First Name] [Last Name]

Mrs. Ms. Miss. Mr. Dr.

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email: _____

Experience (if any!)

1. Please list formal training you may have had in music, drama, or dance over the years.
(include when and # of yrs.)

2. Please list and date (no more than 5) performances/productions you have participated in,
beginning with your most recent.

3. Vocal Range (please circle, if you know): Soprano, Alto, Tenor, Bass

4. Why are you interested in this program?

Dates of the Program

Thursday evenings, from 7:30 – 10:30 pm

April 15

April 22

{NO class on April 29}

May 6

May 13

May 20

May 27

Please list any *known* conflicts at this time:

Medical

Health Card Number: _____

Family Doctor: _____ **Phone Number:** _____

Please list any other medical conditions, circumstances or special needs that TYMTC should be aware of:

Signature of Applicant

Date

Emergency Contact

Name: _____
[Last Name] [First Name]

Mrs. Ms. Miss. Mr. Dr.

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Cell Phone 2: _____

Email: _____

Injury Waiver

I hereby release The Toronto Youth Music Theatre Company and their representatives from all claims and damages arising from any accidents or injuries which arise from the participation of the above-named individual during the activity or in any locations where the activity is held. I furthermore understand that it is my responsibility to keep the management advised of any salient medical conditions to which they should be aware, as normal course of participation in the class activities. In the event that an emergency contact cannot be reached, management will admit the above-named individual to the hospital, and/or seek medical help if deemed necessary. I hereby also authorize the physician and nursing staff of any Emergency Unit to undertake examination, investigation and necessary treatment of the above-named participant.

Signature

Date

Fees

Cost of the program is \$200.00 plus GST (\$210.00). Payment and enrolment forms must be received by April 9th, 2010. No refunds will be made after April 15th, 2010. **(There is a \$25.00 service charge for any cheques returned as N.S.F.)** Payment in full must be provided by cheque or money order and mailed, along with this enrolment form to:

The Toronto Youth Music Theatre Company
3 Marwood Road
Toronto, Ontario
M6B 3G1