



**TORONTO YOUTH THEATRE
PROGRAMS
APPLICATION FORM**

Child's Name:

Date of Birth: (M/D/Y):

Identifying Gender:

Any Special Needs: (allergies, disabilities, medications: if none leave blank):

Address (street, city, PC):

Program (Start & End Dates):

Rate:

PARENT/GUARDIAN:

Name:

Email Address:

Address: (if different than child):

Phone: (Home, Work, and Cell) please indicate best number to contact:

By signing below, I and the child's family acknowledge: A) We have read the aforementioned information regarding the **TYT Theatre** youth instructional program named herein and give our child permission to participate, We give **TYT Theatre** permission to use photographs or videos of our child in its promotional/educational materials, and realize that my child is participating for fun, recreation, and personal betterment.

All registrations are received and reviewed in a first come, first serve basis.