

HfA EDUCATION PROGRAM REGISTRATION

STUD	PENT FIRST NAME, LAST NAME	GRADE	DATE OF BIRTH
LEGA	L GUARDIAN(S) FIRST NAME, LAST NAME	_	
EMAI	L ADDRESS		
MAIL	ING ADDRESS (NUMBER, CITY, PROVINCE, POSTAL CODE)		
НОМ	E PHONE	CELL	
	RMATION HFA SHOULD BE AWARE OF (MEDICAL OR OTHER) TO RIENCE POSSIBLE.	HELP ENSURE THE S	TUDENT HAS THE MOST POSITIVE
		N PROGRA	
EXPER	2021-2022 EDUCATIO PLEASE SELECT FROM SNOW QUEEN OUTDOOR PLAY JANUARY 3-Funique opportunity for youth to participate in the creati	N PROGRA I BELOW EBRUARY 27, 2 on and performa	MS 2022 \$80 AGES 7-12 Ince of the famous Fairy Tale
A u	2021-2022 EDUCATIO PLEASE SELECT FROM SNOW QUEEN OUTDOOR PLAY JANUARY 3-Funique opportunity for youth to participate in the creatine Snow Queen" by Hans Christian Andersen. Register	N PROGRA I BELOW EBRUARY 27, 2 on and performa	MS 2022 \$80 AGES 7-12 Ince of the famous Fairy Tale
EXPER	2021-2022 EDUCATIO PLEASE SELECT FROM SNOW QUEEN OUTDOOR PLAY JANUARY 3-Funique opportunity for youth to participate in the creati	N PROGRA I BELOW EBRUARY 27, 2 on and performa	MS 2022 \$80 AGES 7-12 Ince of the famous Fairy Tale
A u	2021-2022 EDUCATIO PLEASE SELECT FROM SNOW QUEEN OUTDOOR PLAY JANUARY 3-Funique opportunity for youth to participate in the creatine Snow Queen" by Hans Christian Andersen. Register MONDAY GROUP EVERY MONDAY 4PM-6PM	N PROGRA I BELOW EBRUARY 27, 2 on and performa	MS 2022 \$80 AGES 7-12 Ince of the famous Fairy Tale

An exciting program for youth featuring a variety of artistic forms and activities that will develop an appreciation of the arts and identify potential career paths.

\$30 | AGES 12-18

HUNTSVILLE festival of the arts	FULL NAN	ME OF PAYE	?		
		JE (Make pa	yable to Hur	ntsville Festival of the Arts	
Y MAIL: O. Box 5465, Huntsville, ON P1H 2K8	UVISA U	MASTERC	ard 🗖 ame	ΞX	
Y EMAIL:	Credit Car	Credit Card #:			
an@huntsvillefestival.ca	Expiry Dat	te:		CCV:	
ALL 705-788-2787 TO ARRANGE IN	Signature	:			
ERSON REGISTRATION EGISTER	Date:	Date:			
HfA Education	n Progra	m Conta	act Infor	mation □s□м□ι□x	
UDENT FIRST NAME, LAST NAME			GRADE	YOUTH T-SHIRT SIZE	
				□ S □ M □ L □ XL	
AME OF SIBLING			GRADE	YOUTH T-SHIRT SIZE	
RIMARY EMERGENCY CONTACT	ency Con		HIP TO STUDE		
ELEPHONE		TELEPHONE (OTHER)			
ECONDARY EMERGENCY CONTACT		RELATIONSHIP TO STUDENT(S)			
ELEPHONE		TELEPHONE	(OTHER)		
If you have more than two chil Please contact the HfA Education	•	l in classes, p			
	3	705-788-278	/ if you have	any further questions.	



HfA EDUCATION PROGRAM REGISTRATION

Participant's Release Form

THIS RELEASE FORM MUST BE SIGNED AND SUBMITTED TO HUNTSVILLE FESTIVAL OF THE ARTS 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 ful	I school programs and activities (the "Activities") of the HfA					
rama Program ("HfA"). I acknowledge that I must advise HfA in writing if the Student is not physically fit to participat Illy in the Activities. I also acknowledge that there are risks in participating in the Activities. I agree that, having take						
accident to the Student or for any loss or damage to person Activities. I authorize HfA to secure medical care for the Stude beyond any first aid furnished by or on behalf of HfA, I agre indemnify HfA, its officers, directors, agents and employees	precautions as in its discretion are deemed advisable, HfA will not be held responsible for any injury, sickness of ent to the Student or for any loss or damage to personal property resulting from the Student participating in the ties. I authorize HfA to secure medical care for the Student. If for any reason the Student requires medical attention and any first aid furnished by or on behalf of HfA, I agree to be responsible for any expenses incurred. I agree to no infly HfA, its officers, directors, agents and employees and save them harmless from and with respect to all suits and prosecutions by reason of any Activity carried out by the Student, whether on or off HfA's property.					
PHOTO RELEASE I consent to the use of the likeness (including still photograph School of the Theatre and related institutional promotional pur I expressly release the Theatre, its officers, directors, agents, e all claims for invasion of privacy, defamation, infringement of such use.	poses throughout the world and without any compensation mployees, licensees and assigns from and against any and					
I do not consent to the photo release statement above	2.					
I hereby irrevocably release the Theatre from any and with the foregoing.	all claims for libel and invasion of privacy in connection					
I, the undersigned, have read the above and agree to its term	ns:					
PRINTED NAME OF PARENT OR LEGAL GUARDIAN (IF STUD	DENT IS UNDER 18 YEARS OF AGE)					
SIGNATURE						

Please submit this package in one of the following ways:

- Email directly to Huntsville Festival of the Arts at dan@huntsvillefestival.ca
- Mail to HfA: PO Box 5465, Huntsville, Ontario, P1H 2K8
- Call 705-788-2787 to arrange drop off