



# BAYTHORN P.S. AFTER SCHOOL PROGRAM REGISTRATION FORM

## GLEE KIDZ

**M.Y.S.A. Kidz GLEE KiDZ**

**WEDNESDAY'S October 21<sup>st</sup>- December 9<sup>th</sup> 2015**

**GRADES 2-7 (co-ed)**

**8 weeks**

**\$95**

**3-4pm Location: Baythorn Dance Studio**

Join the fun with M.Y.S.A. Glee Kidz. This program caters students on how to learn and adapt their singing and acting skills through detailed lesson plans, games, and theatrical activities as well as provide students the chance to express their dramatic ability. We also provide an interactive concert at the end of each term for all parents and families to view and enjoy.

\*\*\*For more information please contact us (416) 834-6394 [info@mysakidz.com](mailto:info@mysakidz.com) visit our website: [www.mysakidz.com](http://www.mysakidz.com)\*\*\*

I am including a CHEQUE payable to "M.Y.S.A. KIDZ" for \$\_\_\_\_\_ (\$5 added charge for any returned cheque)

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone: # \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Phone: # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: # \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Does your child have any medical conditions or is on any medication that the programs Coordinators need to be aware of? **NO** If **YES**, Please explain \_\_\_\_\_

Does your child have any allergies? (Food or otherwise) **NO YES**, please list allergies, reactions and treatment \_\_\_\_\_

I hereby release, waive, discharge and covenant not to sue or otherwise claim or proceed against any of the listed programs above, their owners, affiliated organizations, their respective management, administrators, directors, agents, coaches, employees, sponsoring organizations, sponsors, advertisers and if applicable, owners and /or lessees of premises used to carry out any program administered by any of the above listed (collectively the "Protected Parties") from any and all liabilities to the undersigned, his or her heirs and their next of kin for any and all claims, demands, losses or damages on account of injury, damage to property, caused, alleged to be caused or in any way connected the participation in any program administered by any of the above listed programs.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*Registration available online [www.mysakidz.com](http://www.mysakidz.com). If choosing this option please mail all checks to: 32 Oakmount Cres, Concord, ON, L4K-2C3\*\*\*

\*\*\*Refer a friend and receive an additional 10% discount from your child's registration, ask a M.Y.S.A. Kidz rep for more details\*\*\*

