

Please register by: FRIDAY NOV 22

Young Performers Workshop Registration – Winter 2014

Child's Name: _____ Grade: ____ School: BIRCHLAND

Phone Number: _____ Parent Signature: _____

WAIVER

While safety and professionalism are always a primary focus in our workshops, there is always some degree of risk associated with the occasional physicality inherent with dramatic performance.

Please call us if you have any questions regarding the workshop and what your child will be doing. By allowing your child to participate in this workshop, you are agreeing that you are aware of the potential risks involved and that this workshop will be suitable for your child.

For more information, please contact Mr. Pearse at 604-941-3428 or fpearse@sd43.bc.ca

I (The Parent) _____ give permission for my child, named above, to participate in the **Young Performer's Workshop**. I understand that my child may be exposed to a risk of injury due to an accident while participating in this activity.

Parent Signature

Date

HOW TO REGISTER:

1. Please return this form with payment (\$45) to the office to register your child: (Space is limited and classes are filled on a first come, first served basis)
2. MAKE CHEQUES PAYABLE TO **Birchland Elementary School**
3. For more info contact Mr. Pearse at the office or fpearse@sd43.bc.ca

YOUNG PERFORMERS WORKSHOP



BIRTHDAY PARTIES

IN YOUR HOME! NO FUSS NO MUSS! EVENINGS AND WEEKENDS!

