



zodiActors REGISTRATION FORM

160 Steeprock Drive, Toronto, Ontario M3J 2T4 (Phone) 416-789-1989 x 253 (Fax) 416-789-5525 (e-mail) info@zodiactors.ca

Enrollment will not be complete without signature by parent(s)/guardian(s) of the AUTHORIZATION RELEASE & ACKNOWLEDGEMENT on the reverse side of this form which contains important (and some new) policies and information.

FAMILY NAME: _____ HOME PHONE: _____ E-MAIL: _____

Family Address: _____ City: _____ Postal Code: _____

Parent/Guardian #1 Name: _____ Work #: _____ Cell #: _____

Parent/Guardian #2 Name: _____ Work #: _____ Cell #: _____

Secondary Contact in case of emergency: _____ Phone #: _____

zodiActors

First Name:	SESSION(S)	LOCATION	FEE
Last Name:	FALL 20 _____		
Birth Date: _____ Gender: _____			
School: _____ Grade: _____	WINTER 20 _____		
Health Card: _____			
Relevant Emotional, Behavioural, Medical Needs: _____			
Friend Request (if any): _____	SPRING 20 _____		

Session	Total Family Owning	Deposit (\$50 per session)	Balance (Payable Dec 15 and/or Feb 15)
Fall 20____		N/A	N/A
Winter 20____			Pay \$_____ Dec.15
Spring 20____			Pay \$_____ Feb.15

PAYMENT OPTIONS (please circle): VISA/MASTERCARD/CHEQUE/CASH
 *My Card ending in _____ (last 4 digits) is on file.

VISA/MC NUMBER: _____ EXPIRY DATE: _____ CVV: _____

NAME ON CARD _____ SIGNATURE OF CARDHOLDER _____

PLEASE TURN OVER →

zodiactors AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

The undersigned:

Medical Treatment

a) authorize(s) Zodiactors or a company/individual associated with Zodiactors ("Zodiactors"), in the event of an emergency, to use reasonable discretion, on behalf of the undersigned, the undersigned's child(ren) or associated spectator(s) participating in Zodiactors' program(s), in rendering first aid and/or arranging for emergency medical care (including hospitalization), at the expense of the undersigned;

Release

b) release(s) Zodiactors from all claims and liabilities whatsoever arising from participating in or attendance at Zodiactors' program(s) by the undersigned, the undersigned's child(ren) or any associated spectator(s);

Make-Up Policy

c) acknowledge(s) that there will be no make-up dates or programs allowed during the Zodiactors' program for any missed days due to illness or other personal reasons;

Refunds/Credits

d) acknowledge(s) that a refund or credit will be available should a participant withdraw (by written notice) prior to the date that the Zodiactors' program(s) in which he/she is enrolled begins, subject to an administrative fee of \$25.00. If written notice of withdrawal occurs once the program has begun (but by the date of the third class), a refund or credit will be available equal to the paid registration fee less an administrative fee of \$25.00 and a prorated portion of the registration fee (for classes taken or elapsed prior to receipt of written notice of withdrawal, including any class scheduled to occur less than 24 hours from receipt of notice of withdrawal). No refunds or credits will be available if cancellation occurs after the date of the third class. The Directors of Zodiactors reserve the right to terminate the registration of any participant(s) if, in their sole discretion, the Directors determine such termination to be in the best interest of the participant or program;

NSF cheques/Declined Visa/Mastercard

e) acknowledge(s) that any declined VISA or MASTERCARD or cheque returned or declined must be replaced immediately with a new form of payment covering the full amount owing, together with an additional administrative charge of \$5.00 for a declined VISA or MASTERCARD and \$35.00 for a cheque returned or declined.

Program Cancellation

f) acknowledge(s) that while Zodiactors tries to balance providing sufficient knowledge of cancellation and not cancelling the Zodiactors' program prematurely, if an insufficient number of students have registered for a particular Zodiactors' program, Zodiactors reserves the right to cancel such program. If a Zodiactors' program(s) has to be cancelled and no convenient alternative can be arranged, payment (if any) already made will be fully refunded.

Policies and Information

g) acknowledge(s) that he/she has read and understood all policies and information contained in this form and /or related materials and accepts the terms and conditions set out including those related to refunds and cancellation, payment obligations, discounts and change/transfers.

Publicity

h) give(s) consent to the use by Zodiactors of his/her child(ren)'s likeness for publicity purposes.

Information

i) acknowledge(s) that the information in this Registration Form is true and correct.

If this form is signed by two parents/guardians, such parents/guardians assume full responsibility for payment and acknowledge that they have read and understood all Zodiactors' policies (including those set out in the Zodiactors' information flyer) and Zodiactors can rely on all representations made and information given. If only one parent/guardian signs this form, Zodiactors may fully rely on his/her authority in connection with all such matters.

Print Name of Parent/Guardian

Print Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Date