Dear Lindbjerg Parents,

We are now accepting registrations for our Adult Theatre Class. Class details are as follows:

Day:	Mondays
Time:	7:00 p.m. – 8:30 p.m.
Location:	Evergreen Cultural Centre
Cost:	$300 (may be paid by post-dated cheques - $50 per month)

Classes will begin on Monday, January 4th and run until Monday, June 14th.

The class will be taught by our new Artistic Director, Chad Matchette who is really excited to get started on this class, especially because of the number of people who have expressed an interest in this class. Everyone is welcome, from beginners to those of you who may have "walked the boards" at some time or another. You don't even have to be a "Lindbjerg Parent", feel free to pass along an invitation to any and all closet thespians you know.

To register for this exciting new class please complete the attached Registration Form and return it to your child's teacher no later than Saturday, December 12th. Please also email Tricia at admin_Lindbjerg@shaw.ca to let her know that you will be registering.

Thanks,

The Lindbjerg Team

ADULT MUSICAL THEATRE REGISTRATION FORM

➢ STUDENT INFORMATION

Surname (last name):_____ First Name:_____ ☐ Male ☐ Female

Address:_____ Date of Birth (mm/dd/yy):_____

_____ Email:_____

Home Tel:_____ Cell/Work:_____

Allergies/Medical Conditions ☐ Yes ☐ No

Please provide details:_____

Emergency Contact:_____ Daytime Tel / Cell:_____

➢ CLASS INFORMATION

Class	Class Day & Time	Location	Fee
Adult Musical Theatre –January – June 2010	Mondays, 7:00 p.m. – 8:30 p.m.	Evergreen Cultural Centre	$ 300

➢ **PAYMENT METHOD (cash or cheque only – payment must accompany registration form))**	
☐ Payment in Full	$300 (cheque made payable to Lindbjerg Academy)
☐ Monthly Fee	$50 per month (cheques made payable to Lindbjerg Academy and dated for the 1st of the month January - June)

AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

Student's Name:_____
Please Print Clearly

POLICIES AND LIABILITY
MAKE-UP POLICY: I acknowledge that there will be no make up lessons or classes if a student misses any class(es).
REFUNDS: I acknowledge that one month's notice must be given if a student withdraws from a class. Withdrawals will not be accepted after March 1, 2010 and full payment is required.
PHOTO/SOUND RECORDING/VIDEO OR DVD RECORDING WAIVER: By signing this form, students and their parents/guardians consent to allow photos, video/DVD or sound recording be taken during the course of the LINDBJERG ACADEMY OF PERFORMING ARTS classes or shows. Please be aware that the participant's photos and/or recordings may be used for future promotional purposes.
STUDENT INFORMATION: I acknowledge that all information on this Registration Form is true and correct.
MEDICAL TREATMENT: In the event of an emergency, I authorize LINDBJERG ACADEMY OF PERFORMING ARTS and its staff members and contractors, to use reasonable discretion in rendering first aid and/or arranging for emergency medical care (including hospitalization) at the expense of the undersigned.
LIABILITY – WAIVER: By signing this form, students and the undersigned agree to release, indemnify and hold harmless LINDBJERG ACADEMY OF PERFORMING ARTS, and their Directors, Teachers, Contractors and Employees from and against all claims of injury, damage or loss of any kind whatsoever arising out of the participation in any activities associated with LINDBJERG ACADEMY OF PERFORMING ARTS.
COMMUNICATION All communication for Lindbjerg Academy is done via e-mail. Students must commit to checking their e-mail regularly.

I have read, understood and consent to all LINDBJERG ACADEMY OF PERFORMING ARTS policies, registration form and liability wavier, this _____ day of _____, _____.

_____ _____

Student Name (please print clearly) **Signature**