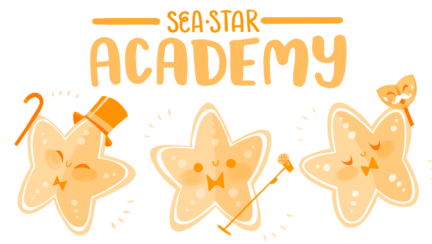


Filling out and returning this form does not confirm registration.
Payment must be made to secure your spot.



Sea Star Academy

Attendee Name _____ Age _____

Parent/Guardian Name _____ Phone Number _____

Address _____ Email Address _____

2nd Emergency Contact Name _____ Emergency Contact Number _____

Emergency Contact should be someone other than Parent, who could be reached in case the parent or guardian is unreachable.

Indicate if you would like attend Monday or Wednesday classes in Term 1.

Term 1 - Mondays

Term 1 - Wednesdays

Term 2

Please state any medical or special needs you would like to share with the instructors.

Waiver of Risk and Privacy Acknowledgement

I understand that there are risks to my child inherent in activities of this nature, and that Sea Stars Musical Theatre Camps, produced by the Saanich Peninsula Memorial Parks Society (Mary Winspear Centre) and Sea Star Productions do not accept responsibility for the loss of property or injuries sustained while participating in Sea Stars Musical Theatre Camps. We are committed to protecting the privacy of personal information in our possession in accordance to the Personal Information Protection Act (PIPA). Our Privacy Statement can be found on our website - <https://marywinspear.ca/privacy-policy> .

Photography and Marketing

I hereby agree that Sea Stars Musical Theatre Camps may use my child's photographs and likeness, including videos for the lawful and respectful purposes relating to Sea Stars Musical Theatre Camps, including publicity, promotional materials, archives and educational purposes.

By signing I agree to the terms above:

Parent/Guardian Signature _____ Date of Signature _____



Please email form to reception@marywinspear.ca
2243 Beacon Avenue, Sidney, BC V8L 1W9
250-656-0275 | marywinspear.ca | info@marywinspear.ca

