



OSSD Registration Form

294 Picton Ave, Ottawa, ON K1Z 8P8 Tel.: 613 567-6788 Fax: (613) 567-4240

FOR OFFICE USE ONLY
 Payment Date: _____ CASH VISA MC DC CHQ Authorization No.: _____ DB

Today's Date _____ Child/Youth _____ Adult (adult classes limited to age 18+) _____
 Name of Course/Camp _____ Day and Time of course _____
 Before/After Care (Summer Camp and March Break Camp only - additional fee) Yes

STUDENT INFORMATION

First Name _____ Surname _____ Gender M F
 Date of Birth M/D/Y (if under 18) _____ Age (if under 18) _____
 Address _____
 City _____ Postal Code _____ Email _____
 Home tel# _____ Cell# _____ Business tel# _____

MEDICAL

Please identify any medical conditions, allergies, medications of which the school needs to be aware.

PARENT/GUARDIAN

First Name _____ Surname _____
 Gender: M F
 Relationship to Student _____
 Address _____
 (IF DIFFERENT FROM ABOVE)
 City _____ Postal Code _____
 Home tel# _____
 Cell # _____
 Business # _____
 Email _____

PARENT/GUARDIAN

First Name _____ Surname _____
 Gender: M F
 Relationship to Student _____
 Address _____
 (IF DIFFERENT FROM ABOVE)
 City _____ Postal Code _____
 Home tel# _____
 Cell# _____
 Business # _____
 Email _____

GENERAL INFORMATION

- Students 14 Years and under do NOT pay HST.
- Students 15 Years and over pay HST in addition to tuition fees.(HST#140679754 RT0001)
- Fees are due in full prior to the first class.
- Fees quoted are for one semester, camp or one workshop unless otherwise stated.
- NSF Cheques will be charged \$25.00.
- No refunds are given without a written request. A \$25.00 administration fee will be deducted. After the start of a course/workshop, refunds will NOT be given. If a student is unable to continue because of illness, we will hold the credit over to a following course/workshop upon receipt of a medical letter.
- OSSD reserves the right to cancel a course due to insufficient enrollment. Registrants will be notified before the start of the course and will receive a full refund.
- For courses that require an audition or interview, please call the office to arrange a time and check audition requirements.

PAYMENT INFORMATION

Tuition fee (see course list) _____

Before and after care (applicable to Summer and March Break camp only) _____

Total _____

HST (15 years and over add 13% of Total)
(HST# 140679754 RT 0001) _____

Yes, I would like to give to the OSSD Scholarship Fund
to help deserving children learn through drama.
(tax receipts issued for donations of \$20 or greater)

Your Donation to OSSD
(tax receipts issued for donations of \$20 or greater)

TOTAL PAYABLE _____

METHOD OF PAYMENT

Cheques should be made payable to: The Ottawa School of Speech & Drama (OSSD)

VISA MASTERCARD

Card # _____ EXP date _____ CV # (last 3 digits on back of credit card) _____

Name on Card _____ Signature _____

- Please note registration can also be done over the phone by credit card however all signatures are required on completed registration forms before the start of the first course/camp/workshop. Please call the office at (613) 567-6788, or fax your registration form to 613-567-4240.

WAIVER AND REFUND POLICY

I understand that _____ will attend classes at The Ottawa School of Speech & Drama. In consideration of The Ottawa School of Speech & Drama accepting the above student, we and each of us for ourselves and for our heirs do voluntarily waive and release each and every right or claim for damages we and each of us have against the school, its agents or representatives for any and all injuries or mishaps, however occasioned.

I further understand that no refunds are given without a written request, a \$25 administration fee will be deducted and that after the start of a course/camp/workshop, refunds will not be given. I understand if a student is unable to continue because of illness, a credit will be held over to a following course upon receipt of a medical letter.

Signature of student (or parent/guardian if under age 18) _____ Date _____

PHOTO PERMISSION

I give my permission for the use of photographs, video and audio recordings that may be taken during the course of studies or other activities related to the school to be used by OSSD in brochures or for advertising and promotion for the school. I understand that there will be no financial remuneration for the use of any of promotional materials.

Signature of student (or parent/guardian if under age 18) _____ Date _____

How did you hear about OSSD?

Website Newspaper Radio Friend/Family Other (specify) _____