

DAREarts invites you to a day at Niagara-on-the-Lake for...

# The Doctor's Dilemma

Tuesday, September 28<sup>th</sup>

Shaw Festival Theatre

Meet at Union Station 7:45am

**FREE to DAREarts!**

To register call 905-729-0097 or email [bnorton@darearts.com](mailto:bnorton@darearts.com)



# DAREarts – Shaw Festival Field Trip Registration Form

Dear DAREarts Parent/Guardian,

Welcome to the DAREarts Foundation's 2010 trip to the Shaw Festival on Tuesday, September 28<sup>th</sup>. DAREarts is proud to have your child participate as a DAREarts Delegate. Please complete and sign the form below and return it to us by fax at 905-729-0037 or by e-mail to [bnorton@darearts.com](mailto:bnorton@darearts.com) as soon as possible as we have a limited number of tickets available. Please have your child hand in the original to the DAREarts Teacher on the day of the trip.

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Student: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Gender \_\_\_\_\_ Student's E-Mail \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Home Tel: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Work Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

Please list all allergies (food, medicine, environmental etc.): \_\_\_\_\_

Additional health conditions and/or information: \_\_\_\_\_

Health Card no. \_\_\_\_\_

Physician's name \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

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I/We understand the **DAREarts** trip to the **Shaw Festival** will take place on **Tuesday, September 28<sup>th</sup>**, at **Niagara-on-the-Lake**.

I/We understand my child will be traveling from **Union Station in Toronto** to Niagara-On-The-Lake **by Motorcoach** and returning to Union Station around 7:00 pm, on the same day. I/We agree that my child will be at Union Station, (under the clock on the main floor), by **7:45 am**, that morning and I/we will pick them up at approximately 7:00 pm, that evening and/or arrange for their travel home from Union Station.

I/We hereby authorize my child to travel home from Union Station by (please choose):

- I/We will pick him/her up
- He/she will travel by TTC
- I permit him/her to travel home with \_\_\_\_\_

I/We understand that in the event of a medical emergency, a medical practitioner and/or an employee of the DAREarts Foundation can authorize emergency care for my child.

I/We understand that such authorization will only be granted when a serious condition exists, and the medical practitioner(s) and/or employee of DAREarts has been unable to contact the Parent(s)/Guardian(s).

I/We have read, understood and agree to the above enrollment and understand that participation in the DAREarts Foundation program is at the students' own risk. Further, I/we agree that the DAREarts Foundation, its directors, agents and/or employees shall not be liable in any way for any loss or injury resulting from or in connection with this participation and/or from transportation to and from DAREarts supervised events. I/We agree that each student is responsible for their own accident and liability insurance, as well as their own transportation plus any food or drink supplementary to the lunch and afternoon snack provided.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_