



REGISTRATION FORM

Academic year 2016-2017

Student Information

First Name		Last Name	
Primary Phone	Grade	Sex	Date of Birth (yyyy/mm/dd)
School			

Parent Information

Mother's First Name		Mother's Last Name	
Email Address			
Street Address		Phone Number	
City	Province	Postal Code	
Father's First Name		Father's Last Name	
Email Address			
Street Address		Phone Number	
City	Province	Postal Code	

Filming and photographing

Encore! Sistema Quebec is a performing program. In this regard, kindly please note that the children participating in the program will be filmed, photographed and interviewed routinely, however they will not be identified directly.

I _____, parent of _____,
authorize my child to be filmed or photographed.

I waive any remuneration and any claims against Encore! Sistema Quebec.

Signature of parental authority

Date

