



MISSISSAUGA YOUTH THEATRE  
MEMBERSHIP FORM 2010

Please fill out all the information on this form and mail it, with payment to:  
MISSISSAUGA YOUTH THEATRE, 595 Minette Circle, Mississauga, ON, L5A 3B9  
(cheques payable to "Mississauga Youth Theatre")

All members (renewing and new) must fill out this form completely.  
Call (905) 949-6499 if you have any questions about membership.

Benefits of Membership with MYT (\$40.00 new member):

- Provides insurance coverage while participating in an MYT activity through our affiliation with the City of Mississauga
- Provides first opportunity to audition or sign up for MYT productions and events
- Keeps you up to date with newsletters and allows you to attend workshops/special events

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
mm / dd / yy

Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

In case of emergency, the following information is extremely important. Please fill out this section completely

Mother's (Guardian's) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_

Medical Concerns/Allergies: \_\_\_\_\_

In case of a medical emergency, an MYT member would be brought to a hospital and every attempt would be made to contact a parent, guardian, or emergency contact person by phone. If you do not wish this to occur, please indicate other instructions in writing and attach.

For promotional purposes and media coverage, photographs or videos may be taken of your children who may be made public in the newspaper, television, our website or another media source. No names or personal information will be associated with photos or videos without parental permission (or the permission of the member if he/she is over 18 years of age).

Your mailing address is sent to the City of Mississauga Community Services Department as part of the MYT mailing list in order to fulfill our requirements of affiliation with the City (this ensures our insurance coverage). No other personal information is sent.

Your signature below confirms that all the above information is correct and that you agree to the above conditions.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (Member may sign if over 18 years of age)

\_\_\_\_\_  
PRINT NAME

For office use only:  New (\$40)  Cash  Chq  Date: \_\_\_\_\_