[admin@projectperformingarts.com.au](mailto:admin@projectperformingarts.com.au) p: 0402726676

**STUDENT REGISTRATION FORM (New students only)**

Name ....................................................................................

Surname.....................................................................................

Age...........................................................DOB ....................................................... Male/Female (please circle)

**Creative or Active Kids Voucher Number**……………………………………………………..

**PARENT/GUARDIAN DETAILS**

Mr/Mrs/Miss/Dr Name...........................................................Surname...............................................................................

Mobile.........................................................................Relationship

Email............................................................................................................................................................................................

Address ..................................................................................................................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | WORKSHOP | SELECT | BEFORE  CARE | TIME  REQUIRED | AFTER CARE | TIME  REQUIRED |
| **MONDAY April 22ND** | MUSICAL THEATRE/ ACROBATICS/ SILKS & LYRA |  |  |  |  |  |
| **TUESDAY April 23RD** | DRAMA |  |  |  |  |  |
| **WEDNESDAY April 24TH** | DANCE/ ACROBATICS |  |  |  |  |  |

**FEES: Individual days $75.00 / 3 consecutive days $200.00**

**MEDICAL INFORMATION**

Allergies/Chronic Illness/Disabilities

Medication/Management

**EMERGENCY CONTACT DETAILS**

Mr/Mrs/Miss/Dr Name …………………………………..

Surname ………………………………

Mobile Relationship to child

**PERMISSION and PRIVACY**

I consent my child taking part in the approved program of activities with PROJECT PA. I appreciate that every care will be taken and PROJECT PA and Teachers cannot be held responsible for personal injury, loss or theft affecting my child.

I authorize PROJECT PA, where unable to communicate with nominated Emergency Contact or Guardian, to arrange for my child to receive such medical treatment necessary during time of class activities, including the use of Ambulance and treatment by a qualified medical practitioner. I accept all responsibility for payment and expenses associated with such treatment.

I acknowledge that during physical activity, an accident may occur resulting in injury or damage. By signing this form, I indemnify PROJECT PA and its Teachers from all legal actions, injury claims, loss, damage, penalties and costs arising from my child’s participation in this activity program.

I do/do not allow permission for my child to be photographed or filmed. I understand that images may be used by PROJECT PA for promotional purposes via, website, publications, advertising and social media.

…………………………. …………………… ………..……………..

Please print full name Date Signature