



# REGISTRATION FORM

## STUDENT DETAILS

Name ..... Surname.....  
 Age.....DOB..... Male/Female (please circle)  
 School.....

## PARENT/GARDIAN DETAILS

Mr/Mrs/Miss/Dr Name ..... Surname.....  
 Mobile.....Relationship to child.....  
 Email.....  
 Address.....

DATE	WORKSHOP	SELECT	BEFORE CARE	TIME REQUIRED	AFTER CARE	TIME REQUIRED
Monday, 8 October	Video Star Sensations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Tuesday, 9 October	Visual Art Sensations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Wednesday, 10 October	Acro & Hip-Hop Sensations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Thursday, 11 October	Screen Sensations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Friday, 12 October	Screen Sensations	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

## 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 C.A.P.A Academy. I appreciate that every care will be taken and C.A.P.A Academy and Teachers cannot be held responsible for personal injury, loss or theft affecting my child.

I authorize C.A.P.A Academy, where unable to communicate with nominated Emergency Contact or Gardian, 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 C.A.P.A Academy 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 C.A.P.A. Academy for promotional purposes via, website, publications, advertising and social media.

.....  
 Please print full name

..... Date.....  
 Signature

## OFFICE USE ONLY

Allergies  No Photos  DSP  MailC  MYOB  Invoiced