

24/14 Jubilee Av WARRIEWOOD

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p:0402726676



STUDENT REGISTRATION FORM

Name Surname.....

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

.....

PARENT/GUARDIAN 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 JANUARY 21	ACROBATIC ARTS					
TUESDAY JANUARY 22	DRAMA					
WEDNESDAY JANUARY 23	SINGING					
THURSDAY JANUARY 24	HIP HOP /MUSICAL THEATRE					
FRIDAY JANUARY 25	VISUAL ARTS					
TUESDAY JANURAY 29	PERFORMING ARTS					

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 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 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.

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Please print full name

Date

Signature

