

24/14 Jubilee Av
 WARRIEWOOD
 www.capa-academy.com.au
 admin@capa-
 academy.com.au
 p 0402 726 676



REGISTRATION FORM

STUDENT DETAILS

Name..... Surname

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

School.....

PARENT/GARDIAN DETAILS

Mr/Mrs/Ms/Dr Name Surname

Mobile..... Relationship to child.....

Email

Address.....

AGE

CLASS/S

CAPA Creative 3-5 years old <input type="checkbox"/>	Teen 12-14 years old <input type="checkbox"/>
Pre-Junior 5-6 years old <input type="checkbox"/>	Pre-Senior 15-18 years old <input type="checkbox"/>
Junior 7-8 years old <input type="checkbox"/>	Senior 18+ <input type="checkbox"/>
Pre-Teen 9-11 years old <input type="checkbox"/>	Adult 18+ <input type="checkbox"/>

P.T.O TO COMPLETE FORM AND SIGN.

OFFICE USE ONLY

Allergies No Photos DSP MailC MYOB Invoiced



REGISTRATION FORM

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.

.....
Please print full name Date Signature

OFFICE USE ONLY

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