

24/14 Jubilee Av WARRIEWOOD

[www.capa-academy.com.au](http://www.capa-academy.com.au)

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## STUDENT REGISTRATION FORM

Name .....

Surname.....

Age ..... DOB ..... (Please circle: Male/Female)

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
<b>MONDAY APRIL 15<sup>TH</sup></b>	ACROBATIC ARTS / CIRCUS					
<b>TUESDAY APRIL 16<sup>TH</sup></b>	DRAMA					
<b>WEDNESDAY APRIL 17<sup>TH</sup></b>	SINGING					
<b>THURSDAY APRIL 18<sup>TH</sup></b>	HIP HOP					
<b>MONDAY APRIL 29<sup>TH</sup></b>	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