**STUDENT DETAILS**

Name Surname

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

School……………………………………………………..

How did you hear about us…………………………

**PARENT/GUARDIAN DETAILS**

Mr/Mrs/Ms/Dr Name Surname

Mobile Relationship to child

Email

Address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGE** | | | |  | **CLASS DAY and TIME** |
| Pre-School  3-5yrs |  | Teen  12-14yrs |  |  |  |
| Pre-Junior  5-6yrs |  | Pre-Senior  15-18yrs |  |  |  |
| Junior  7--9yrs |  | Senior  18+ |  |  |  |
| Pre-Teen  10-12yrs |  | Adult  18+ |  |  |  |

**P.T.O TO COMPLETE FORM AND SIGN.**

**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