



Advanced Acting Workshop April 2021

PLEASE WRITE ALL INFORMATION CLEARLY

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STUDENT INFORMATION		
Full Name:		
Date of birth:	Phone:	
Email:		
PARENT/GUARDIAN – EMERGENCY CONTACT		
Full Name:		
Phone:		
E-mail:		
MEDICAL INFORMATION		
Does the student have, or is prone to; any of the following: (Please indicate)		
Headaches/Migraines	Asthma	Nosebleeds
Allergies: (Please list)	Other:	
Epi-pen Y/N		

PLEASE READ CAREFULLY AND SIGN BELOW

I acknowledge that all forms and fees are to be received by the 28th/1/2018 to confirm my placement. I understand that my placement may be offered to another student if payment and forms have not been received on time.

I also accept and understand the following:

- 1. All students must arrive on time for class.**
- 2. Students who damage equipment or property through misuse or reckless behaviour will be held liable for any costs of repair or replacement.**
- 3. I consent to my child being photographed, filmed and/or interviewed during performance or rehearsal sessions. I acknowledge that Bunbury Repertory Club Inc. owns the copyright to all photographic and moving images. Such footage may be made available for all media, including online, local publications and within the club. I understand there is no time limit pertaining to these documentation materials.**
- 4. I understand that Bunbury Repertory Club is unable to refund class fees for any reason.**
- 5. In the event of an emergency I authorise medical treatment, including ambulance assistance if deemed necessary by one of the directors, (all efforts will be made to contact and advise of the situation) I will be responsible for all and any costs as required.**

I have read, understood and accept the terms and conditions.

Student Full Name:

Signature:

Date:

Parent /Guardian Full Name:

Signature:

Date:

OFFICE USE ONLY

PAID:



Yes
No

Receipt no: