



STUDENT INFORMATION

STUDENT DETAILS

Surname: Given Name/s DOB:...../...../.....

Home Address:

 Postcode: _ _ _ _ _

Home Telephone No: () Student Mobile No:

PARENT/GUARDIAN DETAILS (1)

Title: Given Name/s: Surname:

Relationship to Student: Person Applicable to Payment? YES or NO

Home Address:.....

 Postcode: _ _ _ _ _

Home Telephone No: () Mobile No:

Email: Work Telephone No: ()

Would you like correspondence via email? (e.g. Newsletter) YES or NO

PARENT/GUARDIAN DETAILS (2)

Title: Given Name/s: Surname:

Relationship to Student: Person Applicable to Payment? YES or NO

Home Address:

 Postcode: _ _ _ _ _

Home Telephone No: () Mobile No:

Email: Work Telephone No: ()

Would you like correspondence via email? (e.g. Newsletter) YES or NO

EMERGENCY CONTACT DETAILS

Full Name: Relationship to Student:

Home Ph: () Work Ph: () Mobile:

CONFIRMATION OF STUDENT DETAILS

Signed: Date: / /



STUDENT INFORMATION

MEDICAL

Any relevant medical history? (e.g. injuries, conditions, allergies, fractures, learning difficulties, disabilities) Please also provide any specific treatment or care needed, if possible.

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PUBLICITY

Please specify whether you give permission for your child's achievements and/or class/ performance photograph to appear in either the Academy's newsletter, website or in advertisements (first name only). Yes No

DISCLAIMER:

I understand:-

- That EDAD will not be responsible for any damage or injury however caused to any person participating in Studio activities nor for any loss or damage of property.
- In the event of a medical emergency, and where parent / caregiver or next of kin cannot be contacted, I authorize EDAD or their representative to seek medical advice and treatment, and I will pay any medical and transport costs arising from such action.
- I give permission for my child to be transported by ambulance to Womens and Childrens hospital in a medical emergency. Where the student is 18 yrs or older, I consent to be transported by ambulance to whichever hospital is deemed appropriate.
- Students attending EDAD Studios with an existing injury do so at their own risk.
- All students should consider the need for insurance in case of injury or loss during Studio participation.
- That my child may be photographed or videoed during classes.

NOTE: Some physical contact may be necessary by the director, staff members of EDAD or volunteers in order to change costumes, apply make-up or to administer first aid etc

CONFIRMATION

I confirm that I have read & agree to the Disclaimer, the terms of the Fee Policy, Uniform Policy and Costume Fund:

Sign:.....

Date:...../...../.....



Media Consent Form

As many of you are aware Eastern Districts Academy of Dance have both a website and Facebook page. We are seeking permission to use media (photo/film/audio recording) in which you or your child appears on our website, social media and on promotional material.

By completing and returning this permission form, you are granting permission for EDAD to use photographs of you or your child in paper publications and/or on websites including social media. Any written comments will only identify you or your child by first name.

1. Student UNDER 18 Years of Age : Please complete the section below

(Please Circle) I Do OR Do not give permission for EDAD to publish photographs and videos of

Child's Name: _____ Parent/Guardian name: _____

Parent/Guardian's signature: _____ Date: _____

2. Student OVER 18 Years of Age : Please complete this section

(Please Circle) I Do OR Do not give permission for EDAD to publish photographs and videos of

Full Name: _____ Signature: _____ Date: _____