



# 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:...../...../.....