

# Summer Dance Intensive 2018: Registration Form

*An initiative of Inspire Creative Arts*

## **Participant Details**

Name: ..... D.O.B: .....

Address: .....

## **Parent/Guardian Details**

Name: .....

Contact Numbers: (Home)..... (Work).....

(Mb).....

Email:.....

## **Emergency Contact Details (different contact from above)**

Name:..... Relation: .....

Contact Numbers (Ph): .....(Mb).....

## **Medical History**

**Has the participant any illness or medical condition? (If your child has specific medical requirements that may need to be attended to, please outline on a separate document and attach to this form)**

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**Has the participant any allergies (food/environmental)? Y / N (Please specify below)**

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**Has the participant any current or re-occurring/chronic injuries that may affect their participation? Y / N (Please specify below)**

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.....

**Acceptance of Terms:** By signing below I agree to the following statement: I am the legal guardian of the above-mentioned student, and my name is written in the field titled 'Parent/Guardian Name'. While I understand Inspire Creative Arts (ICA) will take all reasonable care of my child, I understand and accept that ICA and its employees/contractors/agents are not liable for any loss or injury suffered by participants in the Summer Dance Intensive. I give permission for ICA to seek medical attention for my child if deemed necessary. I give permission for photo, video and audio recordings to be taken throughout my child's participation at the Summer Dance Intensive. I have disclosed my child's medical history and requirements to ICA, and have sought appropriate medical advice regarding any condition prior to this registration. As dance is a physical activity, I acknowledge that a certain degree of physical contact between the teacher and student may be required for correction or demonstration of skills, and I hereby approve this. I certify that all information provided by me is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_