

# The Musical Theatre Experience: 10th-11th July 2017

*An initiative of Inspire Creative Arts*

## 1. Participant Details

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

Address:.....

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## 2. Parent/Guardian Details

Name.....

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

(Mobile).....

Email:.....

## 3. Emergency Contact Details (different contact from above)

Name..... Relation.....

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

(Mobile).....

## 4. 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 in activities? Y / N (*Please specify below, and attach supporting information on a separate document*)

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**5. Payment Information**

\$165.00 + GST (total: \$181.50)

To be direct debited into the Inspire Creative Arts account at the time of submitting this form:

**BSB: 923 100 / Account: 7883 4639 / Account Name: Jemma Nicoll / Ref: Surname + MTE**

An invoice receipt for your records will be issued upon receiving of payment!

**The Musical Theatre Experience: Terms and Conditions of Registration****1. Registration Payment**

1.1 The registration fee must be paid in full at the time of submitting this form, by direct deposit. We will confirm your child's registration at The Musical Theatre Experience (MTE) upon receipt of payment.

1.2 The registration fee is non-refundable, unless the event is cancelled by Inspire Creative Arts (ICA)

**2. Drop off / Pick Up**

2.1 Please ensure that pick up and drop off is prompt. In the event of running late please SMS: 0434 392 340 so MTE.

2.2 Parents must accompany their child into the building to sign them in each day, and wait until the commencement of MTE.

**3. Program Conduct**

3.1 Friends, family members or any person outside of the MTE Directors and participants, are not permitted inside the building throughout the duration of the MTE program, until the time specified for the MTE family 'showcase' (at the conclusion of the workshop).

3.2 No video recording or photography of MTE program activity is permitted, unless receiving permission from Directors.

3.3 We recommend participants do not bring valuables or electronics including iPads or gaming devices to MTE. Mobile phones are permitted, however must remain on silent.

3.4 The building is a strictly a non-smoking, alcohol-free and nut-free zone.

3.5 Please take all reasonable care for the protection of persons and property including furniture, decoration and fittings.

3.6 ICA is released from all liability in the event of injury or loss pertaining to the unapproved use of the property including furniture, decoration, fittings, and equipment during the MTE program.

3.7 ICA reserves the right to ask persons to leave the building who are acting in an inappropriate, offensive or dangerous manner.

**4. Video and Photography**

4.1 Photography and footage of MTE participants will be taken for promotional purposes (website, social media, advertising material, newsletter).

4.2 Neither participants nor their parent/guardian or families will be identified by full name, or any other personal information disclosed.

**5. Medical History.**

5.1 Please ensure that your child's medical history and all appropriate supporting information is disclosed/ attached when submitting this registration.

**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 Directors/employees are not liable for any injury or loss suffered by participants in the MTE program. I give permission for ICA to seek emergency 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 MTE program. I have disclosed my child's medical history and requirements to ICA, and have sought appropriate medical advice regarding my child's condition prior to this registration. As MTE will involve dance and physical activity, I acknowledge that a certain appropriate and safe degree of physical contact between Directors and participants may be required for correction or demonstration of skills, and I hereby approve this. I acknowledge that I have read, understood, and agree to the terms and conditions as set here by ICA. I certify that all information provided by me is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_