

Acting Bootcamp 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 Acting Bootcamp 2018. 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 Acting Bootcamp 2018. 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 this event involves physical activity, I acknowledge that a certain degree of physical contact between the coach 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: _____