



# REGISTRATION FORM

Name of Student: .....

School: ..... Age: ..... Date of Birth: .....

Parent's Name: ..... Signature: .....

Telephone No: ..... Email: .....

\* we send all communication via email. Please ensure you add [alicia@actuallyacting.com.au](mailto:alicia@actuallyacting.com.au) to your safe senders list so our emails don't go to spam!

## TIMES

- Wednesday 10<sup>th</sup> July – 9am to 3pm. Rehearsal day. Supervision will be offered from 8.45am, and can be extended until 4pm (\$10 extra cost)
- Thursday 11<sup>th</sup> July – 9am to 3pm. Rehearsal day. Supervision will be offered from 8.45am, and can be extended until 4pm (\$10 extra cost)
- Friday 12<sup>th</sup> July – 11am to 3pm, returning at 5.30pm for the performance at 6pm
- Saturday 13<sup>th</sup> July – 12.30pm to 5pm (performances at 1pm & 4pm)

## VENUE

Goodwood Theatre & Studios, 166 Goodwood Rd, Goodwood

## WHAT TO BRING

Lunch, plenty of snacks and water

## COST

\$225

Please transfer to:  
BSB: 805 050  
ACC No: 63375357  
ACC Name: Actually Acting

# ACTUALLY ACTING

## Medical Form



### Personal Details

Surname:

Given Names:

### Medical Information

Known conditions – please tick all which apply and give details

Allergies:

Asthma:

Blackouts:

Diabetic:

Other:

Please specify any special care/treatments required

Please give details of any medication presently being taken:

Any learning difficulties eg dyslexia:

Other:

Medicare Number:

Ambulance Cover Details:

Emergency contact:

Name:

Relationship:

Phone:

### Declaration (a parent or legal guardian must complete this section)

Name:

Relationship:

- I authorise the Actually Acting teachers, where it is impractical to communicate with me, to arrange for such medical treatment as he or she may deem necessary, including the use of an ambulance service. I accept responsibility for all costs associated with any such treatment.
- I further authorise the use of anaesthetic by a qualified medical practitioner if necessary.
- I appreciate that the Actually Acting teachers, whilst taking all reasonable care, cannot be held responsible for personal injury or loss or theft of property, and I agree to indemnify them and hold them harmless against all such claims.
- I authorise the Actually Acting teachers to use anonymous photographs/recordings of my child in promotional media, including social media.
- I understand this is a NUT FREE program. I will supply lunch, water and snacks with no nut/nut products.
- I have read and understood this form and I declare that the information is true and correct.

Signature:

Date: